



# Claim Form

## Important!

1. The information and declaration you provide in and pursuant to this form must be correct to the best of your knowledge. Giving false or misleading information is a serious offence.
2. This claim form is the form approved by the Secretary under section 14(1)(a) of the *Fair Entitlements Guarantee Act 2012* (FEG Act). Under section 14(1)(b) of the FEG Act, the Secretary requires that the claim form be accompanied by the documents that are described in this form as 'mandatory' (regarded as an effective claim). Assessment of your claim cannot commence until an effective claim is received.
3. Your effective claim must be received before the end of 12 months after the end of your employment or the insolvency event date (whichever is later). The insolvency event date is generally the date a liquidator was appointed to the employer, or the date the employer becomes bankrupt. Claims made outside this timeframe will not be eligible. Further information about how we calculate the 12 month timeframe is available on the FEG website ([www.employment.gov.au/FEG](http://www.employment.gov.au/FEG)).
4. To be eligible you must have been an Australian citizen or the holder of a permanent or special category visa at the time your employment ended.
5. Please keep a copy of the completed claim form and any copies of supporting documents for your records as we are unable to return them.

## WHAT IS FEG?

The Fair Entitlements Guarantee (FEG) is a basic payment scheme providing financial assistance to employees who have lost their employment because of the liquidation or bankruptcy of their employer and who are owed employee entitlements which are not able to be paid by their employer or from other sources.

The *Fair Entitlements Guarantee Act 2012* (FEG Act) governs eligibility for FEG assistance, the kinds of entitlements covered and how we calculate the amount you may be entitled to receive. If eligible, you may be entitled to receive financial assistance for the following unpaid entitlements:

- › wages
- › annual and long service leave
- › payment in lieu of notice
- › redundancy.

Please note some entitlements are subject to maximum capping thresholds.

Further information, including the FEG Service Charter, is available on the FEG website ([www.employment.gov.au/FEG](http://www.employment.gov.au/FEG)). You can also contact the FEG Hotline on **1300 135 040** or the insolvency practitioner managing your former employer's affairs for more information about FEG.

## BEFORE YOU BEGIN

Before you start completing this claim form, we recommend you read the following fact sheets available on the **FEG website** ([www.employment.gov.au/FEG](http://www.employment.gov.au/FEG)):

- › Eligibility for FEG assistance
- › How do I apply for FEG assistance
- › General information for claimants.

## HOW TO FILL OUT YOUR CLAIM FORM

1. The quickest and easiest way to lodge a claim is online using FEG Online Services ([www.employment.gov.au/FEGonline](http://www.employment.gov.au/FEGonline)). If you submit your claim online we can start processing your claim quickly.

If you are completing a paper claim form:

2. Complete this form in English.
3. Read questions carefully and follow the instructions beside each question.
4. Try to fill out all sections of the form, answering all questions and ticking the relevant boxes. Fields marked with this symbol \* are mandatory and must be completed, unless you see an instruction to go to another question. Remember, your claim will not be effective unless you have provided all mandatory information requested on this form (see Attachment A).
5. Please use blue or black pen only and print clearly.
6. Email your completed form to [feg@employment.gov.au](mailto:feg@employment.gov.au) or post it to:

**Fair Entitlements Guarantee Branch  
Department of Employment  
GPO Box 9880  
CANBERRA ACT 2601**

## TCF CONTRACT OUTWORKERS SCHEME

Under the FEG Act, a special scheme has been established to provide assistance to contract outworkers in the textile, clothing and footwear industry (TCF contract outworkers). The normal FEG claim form should be used to make a claim.

## LANGUAGE ASSISTANCE

ENGLISH: This claim form is to be completed by employees who have had their employment terminated due to the insolvency of their employer and are owed entitlements. Instructions on how to fill out this form are located beside the questions. For more information and assistance call the FEG Hotline on **1300 135 040**. If you need language assistance to complete this form call the Translating and Interpreting Service on **131 450**.

<p>ARABIC:</p> <p>يجب تعبئة استمارة المطالبة هذه من جانب الموظف الذي قد إنهاء توظيفه بسبب          إفلاس ربه. عملهم وكان لهم مستحقات لم يتلقوها. توجد إرشادات عن طريقة تعبئة          هذه الاستمارة إلى جانب الأسئلة. للحصول على المزيد من المعلومات والمساعدة اتصل          FEG Hotline (خط المساعدة) على الرقم 1300 135 040. وإذا كنت تحتاج إلى مترجم          لمساعدتك في تعبئة هذه الاستمارة اتصل بـ Translating and Interpreting Service          (خدمة الترجمة والتفسير) على الرقم 131 450.</p>	<p>KOREAN:</p> <p>이 클레임 양식은 고용주 파산으로 인해 고용이 중단되었으며          체불 임금이 발생한 고용인들이 작성하도록 되어 있습니다. 각          질문 옆에 양식 작성에 대한 설명이 있습니다. 보다 자세한 정보와          지원이 필요하신 분들은 FEG Hotline (정보라인)에 1300 135 040 으로          연락하십시오. 이 양식을 작성하기 위해 언어 지원 서비스가          필요하시면 Translating and Interpreting Service (통번역 서비스)에          131 450으로 전화하시면 됩니다.</p>
<p>CROATIAN:</p> <p>Ovaj obrazac za podnošenje zahtjeva ispunjavaju zaposlenici čiji je radni odnos          prestao zbog stečaja poslodavca i prema kojima postoje nenamirena dugovanja.          Upute kako ispuniti ovaj obrazac se nalaze pored pitanja. Za više informacija i          pomoć nazovite FEG Hotline (dežurni telefon) na 1300 135 040. Ako za          ispunjavanje ovog obrasca trebate pomoć oko prevodenja, nazovite Translating          and Interpreting Service          (Službu prevoditelja i tumača) na 131 450.</p>	<p>SIMPLIFIED CHINESE: 因雇主无清偿能力而遭雇主解雇及拖欠薪酬和          福利的雇员，请填写该索偿表。表格填写说明在问题的旁边。如          需了解更多详情和需要协助，请拨打FEG Hotline（热线电话）：          1300 135 040。如果填表时需要语言协助，请致电Translating and          Interpreting Service（笔译与传译服务处）：131 450。</p>
<p>GERMAN:</p> <p>Dieses Antragsformular ist von Beschäftigten auszufüllen, deren          Arbeitsverhältnis aufgrund von Zahlungsunfähigkeit des Arbeitgebers          beendet wurde und denen Zahlungsansprüche zustehen. Anweisungen zum          Ausfüllen des Formulars finden Sie neben den Fragen. Weitere Informationen          und Unterstützung erhalten Sie von der FEG-Hotline unter 1300 135 040.          Wenn Sie beim Ausfüllen dieses Formulars sprachliche Unterstützung          benötigen, wenden Sie sich bitte unter          131 450 an den Translation and Interpreting Service (Übersetzer- und          Dolmetscherdienst).</p>	<p>TRADITIONAL CHINESE: 因雇主無償債能力而遭雇主解雇及拖欠薪酬          和福利的雇員，請填寫該索償表。填寫表格的指引在問題的旁邊          。如需瞭解更多詳情和需要協助，請撥打FEG Hotline（熱線電話          ）：1300 135 040。如果填表時需要語言協助，請致電Translating          and Interpreting Service（筆譯與傳譯服務處）：131 450。</p>
<p>GREEK:</p> <p>Αυτή η αίτηση αποζημίωσης πρέπει να συμπληρωθεί από τους εργαζόμενους          που έχουν απολυθεί λόγω πτώχευσης του εργοδότη τους και τους οφείλονται          δεδουλευμένες αποδοχές. Οδηγίες συμπλήρωσης της αίτησης αυτής          υπάρχουν δίπλα από τις ερωτήσεις. Για περισσότερες πληροφορίες και          βοήθεια τηλεφωνήστε στη Γραμμή Πληροφοριών          FEG Hotline( στο 1300 135 040. Αν χρειάζεστε γλωσσική βοήθεια για να          συμπληρώσετε την αίτηση αυτή τηλεφωνήστε στην Translating and          Interpreting Service) Υπηρεσία Μετάφρασης και Διερμηνείας( στο 131          450.</p>	<p>SPANISH:</p> <p>Los empleados que hayan sido despedidos por insolvencia de su empleador y a          quienes se les adeuden pagos a los que tienen derecho, deberán completar          este formulario de reclamo. Las instrucciones para completar el formulario          aparecen al lado de las preguntas. Para obtener más información y asistencia,          llame a la FEG Hotline (línea directa) al          1300 135 040. Si necesita ayuda para completar este formulario llame al          Translating and Interpreting Service (Servicio de Traducción e Interpretación)          al 131 450.</p>
<p>ITALIAN:</p> <p>Questo modello di denuncia deve essere compilato da dipendenti che hanno          perso il lavoro a causa dell'insolvenza del datore di lavoro e che vantano il diritto          al pagamento di spettanze relative all'ex rapporto di lavoro. Le istruzioni su come          compilare questo modulo si trovano accanto alle domande. Per maggiori          informazioni, chiamate la FEG Hotline al numero 1300 135 040. Se vi serve          assistenza linguistica per compilare questo modulo, chiamate il Translating and          Interpreting Service          (servizio traduzioni e interpreti) al numero 131 450.</p>	<p>HINDI:</p> <p>यह दावा फ़ार उन करचारियों द्वाँरा भिँा जाना ह जिनकी नौकरी          उनक न्ययोका क ददवागिया होन क कारिण छट गई ह औँ उनकी          हकदारिया बाकी ह। इस फ़ार को भिँन क ननदश प्रश्ों क साथ ददए गए ह।          औँ अनिक जानकारी व सहायता क रिएँ FEG Hotline(हॉटलाइन)          को          1300 135 040 पँ फ़ोन कँ। यद इस फ़ार को भिँन के रिएँ भाषा की          सहायता चादए तो Translating and Interpreting Service (अनुवाद व दभाषिया          सवा) को 131 450 पँ फ़ोन कँँ।</p>
<p>MACEDONIAN:</p> <p>Овој формулар треба да се пополни од страна на вработените чиј работен          однос бил прекинат заради неликвидноста на работодавачот и на кои им се          должат исплати. Упатствата како да се пополни овој формулар се наоѓаат          покрај прашањата. За повеќе информации и помош, телефонирајте на FEG          Hotline (Информативна линија) на          1300 135 040. Ако ви треба помош околу јазикот за да го пополнете          формуларот, телефонирајте во Translating and Interpreting Service          (Служба за писмено и усмено преведување) на 131 450.</p>	<p>VIETNAMESE:</p> <p>Các nhân viên nào bị cho nghỉ việc vì chủ nhân vỡ nợ và chưa được trả lợi          bổng hãy điền vào đơn này để đòi. Lời chỉ dẫn cách điền đơn được ghi bên          cạnh câu hỏi. Muốn biết thêm chi tiết và nhờ giúp, xin quý vị điện thoại          đến FEG Hotline (Đường dây thường trực) số          1300 135 040. Nếu quý vị cần trợ giúp ngôn ngữ để điền đơn này, xin          điện thoại đến Translating and Interpreting Service (Dịch vụ Thông Phiên          dịch) số 131 450.</p>

## PART A—YOUR DETAILS

## A1 Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Dr

**\* A2** Your name

First name

Middle name(s)

Family name

**\* A3** Have you ever been known by any other name?

☐ No ☐ Yes— If yes, what was your previous name? You must also provide documentary evidence of your name change to support your claim. See Attachment A.

**\* A4 Your date of birth**

\* **A5** Full postal address

Please note that if your postal address changes at any stage after your claim is lodged, you must notify FEG immediately.

PO Box or Street Address

Suburb/City

State/Territory

Postcode

Country (if not Australia)

\* **A6** Daytime telephone number

This is the number on which the FEG team may contact you to discuss your claim.

### A7 Email address

This is the email address where all FEG correspondence will be sent. If your email address changes at any stage after your claim is lodged, you must notify FEG immediately. If you do not have an email address, FEG will send all correspondence to your postal address.

- \* A8** At the time your employment ended what was your residency or citizenship status?

Please tick the applicable box. It is mandatory that you provide an acceptable form of document (see Attachment A) to evidence your residency status.  
**Note:** if you do not fall under any of the categories listed below, you would not meet the eligibility conditions under FEG.

- ☐ Australian citizen
  - ☐ Permanent resident
  - ☐ Special category visa holder
  - ☐ *Other - you would not meet the eligibility conditions under FEG.*

- \* A9** Have you previously submitted a claim for assistance under FEG or General Employee Entitlements and Redundancy Scheme (GEERS)?

- ☐
- No
- ☐
- Yes

- \* A10 Will you provide your Tax File Number (TFN)?**

We are authorised under the *Taxation Administration Act 1953* to request your TFN. You are not required to provide your TFN. We are required to withhold tax from your FEG assistance at the top rate of tax if you do not provide your TFN or claim an exemption from providing your TFN. This may result in your FEG assistance being taxed at a higher rate than if you provide your TFN.

- ☐ No—Your FEG assistance, if any, will be taxed at the **top rate of tax.**
- ☐ Yes—**Do not write your TFN on this form. You must complete a Tax File Number declaration and submit the declaration with your FEG claim.** You will need to contact the ATO on **1300 720 092** or via their website at **[www.ato.gov.au/Forms/TFN-declaration](http://www.ato.gov.au/Forms/TFN-declaration)** and submit the declaration with your FEG claim, or register your claim online at **[www.employment.gov.au/FEGOnline](http://www.employment.gov.au/FEGOnline).**
- ☐ I have made a separate application/enquiry to the ATO for a new or existing TFN or am claiming a relevant exemption. You must complete a Tax File Number declaration. You will need to contact the ATO on **1300 720 092** or via their website at **[www.ato.gov.au/Forms/TFNdeclaration](http://www.ato.gov.au/Forms/TFNdeclaration)** and submit the declaration with your FEG claim, or register your claim online at **[www.employment.gov.au/FEGOnline](http://www.employment.gov.au/FEGOnline).**

- \* **A11** If you qualify for FEG assistance,  
into what account  
do you wish your  
FEG assistance to  
be paid?

If you qualify for FEG assistance, it will be paid directly into the account you nominate. The bank, building society or credit union account must be in your name, although a joint account is acceptable. If you are unable to provide details of an account in your name—please contact the FEG Hotline on **1300 135 040**.

Bank, building society or credit union name

Account holder name (e.g. John Citizen)

BSB

Account number

*Please continue to Part B.*

## PART B—DETAILS OF YOUR FORMER EMPLOYMENT

- \* **B8** List the main duties you did in your job

Please list duties in order of importance.

## PART B—DETAILS OF YOUR FORMER EMPLOYMENT

**\* B9** Were you required to hold trade or educational qualifications, or be a member of any professional association(s) in order to do your job?

☐ No ☐ Yes—If yes, please list what was required:


**B10** Did any of the following instruments provide for your working arrangements?

Please tick all that apply.

- ☐ Employment contract—If so, please attach a copy of the document to your claim.
- ☐ Letter of offer—If so, please attach a copy of the document to your claim.
- ☐ Award—If so, what was the title?


☐ Collective Agreement/Enterprise Agreement—If so, what was the title?


**\* B11** What was the basis of your employment at the time your employment ended?

Please tick one.

- ☐ Employee ☐ Apprentice ☐ Trainee ☐ Contractor/subcontractor
- ☐ Textile, clothing and footwear contract outworker

**\* B12** What was your working arrangement at the time your employment ended?

Please tick all that apply.

- ☐ Full-time ☐ Part-time ☐ Casual ☐ Shift work
- ☐ Probation ☐ Other

**B13** What was your base weekly wage (before tax)?

\$				
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**B14** How many hours did you work each week?

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**\* B15** During the last six (6) months of your employment with your former employer, did your working arrangement (such as wages or conditions of employment) change?

☐ No ☐ Yes—If yes, please explain how they changed:


*Please continue to Part C.*

## PART C—TERMINATION OF YOUR EMPLOYMENT

**\* C1** When did you start work with your former employer?

D D / M M / Y Y Y Y

**\* C2** What was the last date you worked for your former employer?

D D / M M / Y Y Y Y

**\* C3** Did you resign from your employment with your former employer?

☐ No—If no, go to question C4 ☐ Yes—If yes, when did you resign?

D D / M M / Y Y Y Y

What was the reason for your resignation? After answering, go to question C6.


**\* C4** Who terminated your employment?

☐ Insolvency practitioner ☐ Employer

**\* C5** Prior to your last day of work, were you given notice of termination of your employment?

☐ No ☐ Yes—If yes, when were you given notice?

D D / M M / Y Y Y Y

What was the reason given for the termination of your employment?


**\* C6** Did you have more than one period of employment with this employer?

☐ No ☐ Yes—If yes, please provide the dates for each employment period, and the reason for the interruption(s) in your employment.

Date from

Date to

D D / M M / Y Y Y Y | D D / M M / Y Y Y Y

Reason


Date from

Date to

D D / M M / Y Y Y Y | D D / M M / Y Y Y Y

Reason




## PART C—TERMINATION OF YOUR EMPLOYMENT

**\* C7** Has your former employer's business been sold?

☐ No—If no, go to question C12 ☐ Yes ☐ Don't know

If yes, please provide the legal name of the new owner of the business.

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**\* C8** Were you offered work by, or did you commence work with, the new owner of the business within three (3) months of the termination of your employment?

☐ No—If no, go to question C12.

☐ Yes—If yes, go on to C9.

**\* C9** What date were you offered work with the new owner?

D	D	/	M	M	/	Y	Y	Y	Y
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**\* C10** What date did you commence work with the new owner?

D	D	/	M	M	/	Y	Y	Y	Y
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**\* C11** Please provide your job title and list the main duties in your new job with the new owner.

Please list duties in order of importance.


**\* C12** Did you commence employment with any other employer(s) in the three (3) months after your last day of work with the employer named in question B2?

If you have worked for more than one employer since your last day of work with the employer named in question B2, please provide a separate attachment listing all employers and the dates on which you commenced with them. If, after lodging your claim, your answer to questions C7 to C12 would change, you must notify FEG immediately.

☐ No—If no, go to question D1.

☐ Yes—If yes, please attach a copy of your letter of offer and first payslip with the new employer.

**\* C13** On what date did you start with your new employer?

D	D	/	M	M	/	Y	Y	Y	Y
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**\* C14** What is the legal name of your new employer?

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*Please continue to Part D.*



## PART D—WHAT ENTITLEMENTS ARE YOU CLAIMING?

**\* D1** Have you received, or do you expect to receive any payment in respect of your owed employee entitlements by any party (other than FEG)?

☐ No

☐ Yes—If yes, what is the amount you received, or expect to receive?

\$									
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Who paid you, or is expected to pay you, this money?

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What was this money for? (eg unpaid wages)

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**\* D2** Are you owed any employment entitlements by your former employer?

☐ No—If no, you would not meet the eligibility conditions under FEG.

☐ Yes—If yes, please provide details below.

Entitlement type	Number of weeks owed	Amount owed (before tax)
Unpaid wages		\$
Underpaid wages		\$
Unpaid allowances		\$
Unpaid commission		\$
Annual leave		\$
Annual leave loading		\$
Payment in lieu of notice		\$
Redundancy		\$
Long service leave		\$

If you have claimed you are owed unpaid commission or allowances, please provide details on the payments, including what the payments were for, how they were calculated, and how often they were paid.


## PART D—WHAT ENTITLEMENTS ARE YOU CLAIMING?

**\* D3** What steps (if any) have you taken to recover the employee entitlements you consider you are owed?

Please include dates you took the action.


**\* D4** Did you receive any workers' compensation during the last six (6) months of your employment?

☐ No ☐ Yes—If yes, please name the compensation insurer.

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**\* D5** Were you a member of a redundancy trust and/or portable Long Service Leave fund?

eg ACIRT, Incolink, Long Service Corp, QLeave.

- ☐ No
- ☐ Don't know
- ☐ Yes—If yes, please provide details below, and attach your latest statement (if available).

Name of fund

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Member/ID number(s)

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*Please continue to Part E.*

## PART E—ALTERNATIVE CONTACT

**E1** Do you authorise the Commonwealth to disclose information in relation to your FEG claim to an alternative contact?

**E2** Relationship

**E3** Daytime telephone number

**E4** Email address

This will allow us to discuss your claim with someone else such as your partner, sibling or child.

- ☐ No
- ☐ Yes—If yes, please complete their contact details (contact must be over 18 years of age).

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Dr

First name

Family name

## E2 Relationship

**E3** Daytime telephone number

This is the number on which FEG may contact your alternative contact to discuss your claim.

**E4** Email address

This is the email address to which FEG may send your alternative contact correspondence regarding your claim.

## PART F—PRIVACY STATEMENT AND DECLARATION

### Please read carefully before submitting.

Your personal information is protected by law, including the *Privacy Act 1988* (Cth) (Privacy Act). Your personal information is collected by the Department of Employment (the Department) and Contract Service Providers for the purposes of administering the FEG programme. The Department may also collect your personal information from third parties including other Commonwealth agencies, your former employer and insolvency practitioners, for the purposes of administering the FEG programme.

If you do not provide some or all of your personal information the Department will be unable to assess your claim for FEG assistance.

Your personal information may be used by the Department or be given to other parties for the purpose of administering the FEG programme, including:

- › determining your eligibility for FEG assistance
- › assessing and calculating your outstanding entitlements including determining whether any deductions to that entitlement are required, and
- › research, monitoring and evaluation.

Parties that your information may be given to include:

- › relevant Commonwealth agencies including the Department of Human Services, the Australian Taxation Office, the Australian Securities and Investment Commission, the Australian Financial Security Authority, the Fair Work Ombudsman, the Administrative Appeals Tribunal and the Commonwealth Ombudsman;
- › other relevant third parties including the insolvency practitioner who is administering your former employer's affairs, an independent FEG contractor appointed by the Department to verify entitlements, your alternative contact (if specified in this form) and external researchers.

The Department's Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the Department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the APPs and how the Department will deal with such a complaint. A copy of the Department's Privacy Policy can be found at [www.employment.gov.au/privacy](http://www.employment.gov.au/privacy) or by requesting a copy from the Department via email at [privacy@employment.gov.au](mailto:privacy@employment.gov.au).

## PART F—PRIVACY STATEMENT AND DECLARATION

### DECLARATION

1. I declare that the information provided in this application form is true and correct. I understand that providing false or misleading information to the Commonwealth is a serious offence and may result in a range of administrative, civil and/or criminal sanctions, including criminal prosecution.
2. I confirm that I have provided the information contained in this application form either personally or through the assistance of a representative.
3. I confirm that I have provided relevant documentary evidence proving my identity and citizenship/residency status in accordance with the requirements in Attachment A.
4. I confirm that any copies I have provided are true copies of the original documents.
5. I consent for Commonwealth agencies, including the Department of Immigration and Border Protection, the Fair Work Commission, the Fair Work Ombudsman and the Attorney-General's Department to disclose my personal and sensitive information to the department where that information may be relevant to the assessment of my claim.
6. I consent for my former employer (or the insolvency practitioner on behalf of my former employer) to disclose my personal and sensitive information to the Department where that information may be relevant to the assessment of my claim.
7. I authorise the Department of Employment or its agents to exercise, on my behalf, any statutory rights I have to require the employer (or insolvency practitioner) to provide me with access to, or copies of, my employment records, where those records are required to determine my claim for FEG assistance.
8. I agree that I may be contacted by the Department of Employment or an external researcher for the purpose of statistical research, monitoring and evaluation.
9. I authorise the Department of Employment or its agents to exercise, on my behalf, any rights I have to require the organisations listed in question D4 and D5 to provide me with access to, or copies of, my records, where those records are required to determine my claim for FEG assistance.
10. I accept and agree that the Department of Employment may rely on the information provided by the relevant insolvency practitioner, or as otherwise independently verified, as the basis for determining my claim for FEG assistance in accordance with section 35 of the *Fair Entitlements Guarantee Act 2012*.
11. I accept that the Department of Human Services may require the Department of Employment to deduct monies from any FEG assistance to discharge any debt in relation to child support or other social services debts that I have incurred.
12. I accept that I am not entitled to receive or retain any money paid as a result of any error on my behalf; on the part of an insolvency practitioner appointed to my insolvent employer; on the part of a third party engaged to distribute FEG assistance; on the part of a third party accountant who has been engaged to verify information; or on the part of a person administering FEG for the Commonwealth. I further accept that any sums paid under FEG in the above circumstances will constitute a debt owed by me to the Department of Employment and will be immediately repayable in full. Interest may be payable on this amount. I agree to notify the Department of Employment immediately if I receive any such sums, and agree to pay those sums to the Department of Employment.
13. I acknowledge that, upon the making of any payment by the Commonwealth in relation to my claim for FEG assistance, to the extent of the amount paid, the liability of my former employer to me is released and the rights I had immediately before that discharge in relation to the external administration of my former employer become rights of the Commonwealth. I agree to promptly take all steps as are reasonably required by the Commonwealth to enable the Commonwealth's rights to be recognised by any insolvency practitioner appointed to my former employer, including providing any information requested by the Department of Employment in relation to my former employer.

### YOU MUST SIGN AND DATE YOUR CLAIM FORM

\* Print your full name

\* Your signature

\* Date

## PART G—CHECKLIST

**G1 Please ensure you have completed the following mandatory steps.**

**Your claim will not be processed until you have completed all of the following:**

- ☐ Answered all mandatory questions (marked with a ✱), unless otherwise directed
- ☐ Provided evidence of your Australian citizenship or residency status (see Attachment A)
- ☐ Provided a copy of evidence of your previous name (if your current name is different to the name on the evidence of your Australian citizenship or residency status) (see Attachment A)
- ☐ Signed the declaration at part F

**G2 It will assist us to process your claim if you provide the following documents in relation to your former employment:**

- ☐ A copy of your employment contract and/or letter of appointment
- ☐ A copy of your final payslip
- ☐ A copy of your employment separation certificate
- ☐ A copy of your bank statements (for the account used for payment of wages) for the three months before and one month after the end of your employment

**I've lodged my completed claim form and all mandatory documents—what happens next?**

1. After ensuring that your claim is effective (and sending you confirmation), we gather information to help us determine if you are eligible for assistance and, if so, the amount you are entitled to. This usually involves us liaising with the insolvency practitioner managing your former employer's business affairs or we may request further information from you.
2. We will use this information to assess and calculate your outstanding employment entitlements, including any deductions that are required by law to be made, such as pay as go you (PAYG) tax or child support payments.
3. We will make a formal decision on whether you are eligible for FEG assistance and, if you are eligible, the amount of FEG assistance payable to you. We will advise you of our decision, and make the payment to your nominated bank account.
4. We aim to complete these steps within 16 weeks of receiving an effective claim.

# ATTACHMENT A

## MANDATORY DOCUMENTS THAT MUST BE RECEIVED BY THE FEG TEAM TO MAKE YOUR CLAIM EFFECTIVE

### Important!

You claim will not be effective if the FEG team receives these documents after the end of 12 months that begin at the later of:

- › The date your employment ended, or
- › The insolvency event date. This is generally the date a liquidator was appointed to your former employer, or the date your former employer becomes bankrupt.

### Acceptable evidence of your Australian citizenship or residency status at the time your employment ended

As stated in question A8, to be eligible for a FEG Assistance, at the time your employment ended you must have either:

- › Been an Australian citizen, or
- › Held a permanent Australian visa (ie: your visa let you stay in Australia indefinitely), or
- › Held a special category visa (ie: your visa let you stay and work in Australia as long as you remain a New Zealand citizen).

Before assessment of your claim can commence, you must provide evidence of your Australian citizenship or residency status. Acceptable evidence of your Australian citizenship or residency status includes a copy of at least one of the following categories of documents:

- › Australian passport current at, or expired within two years of the end of your employment
- › Full Australian Birth Certificate. **Extracts of birth certificates are insufficient**
- › Australian Citizenship Certificate issued prior to the end of your employment. **Including both sides if there is anything on the reverse side**
- › ImmiCard issued prior to the end of your employment
- › Certificate of Evidence of Resident Status
- › Registration by Descent document
- › Where appropriate, for the purpose of proving you hold a permanent visa, a copy of the passport you used to apply for that visa; or a copy of the visa label from your passport (**passport details must be visible**); or a copy of the Visa Grant Notice that includes the details of your passport you used to apply for that visa
- › Where appropriate, for the purpose of proving you held a Special Category visa at the end of your employment, the New Zealand passport that was current at the end of your employment or, if your passport had expired, the most recent expired New Zealand passport that you held at the time you entered Australia prior to working for the employer
- › Confirmation of Identity and Citizenship for Aboriginal and Torres Strait Islander people where other documentation is not available. Available on the FEG Website at [www.employment.gov.au/FEG](http://www.employment.gov.au/FEG).

**Please Note:** Your driver's licence is not acceptable evidence of your citizenship or residency status.

### Acceptable evidence of your former name (required only if you were known by another name)

Where the name on the document does not match the name that you are claiming under you will also need to provide proof of the change of name by providing one of either:

- › Change of Name Certificate, or
- › Marriage Certificate.



# ATTACHMENT B

## GUIDANCE MATERIAL FOR COMPLETING YOUR CLAIM

**A3** – If you tick yes, you must provide evidence supporting your name change. Acceptable forms of evidence are detailed in Attachment A.

**A7** – Email is the recommended correspondence method. If you do not have an email address to which we can send correspondence regarding your claim, we will send all correspondence via post.

**A8** – To be eligible for FEG assistance, you must have had the right to reside in Australia permanently at the time your employment was terminated.

You must have either:

- › been an Australian citizen, or
- › held a permanent Australian visa, or
- › held a special category visa (Subclass 444 visa - New Zealand citizens only).

**A9** – The General Employee Entitlements and Redundancy Scheme (GEERS) is an earlier scheme similar to FEG.

**B1** – An Australian Business Number (ABN) is a unique 11 digit number that identifies a business. A nine digit Australian Company Number (ACN) is a similar identifier. Your employer's ABN or ACN can usually be found on your payslip, contract, PAYG tax summary, or can be found on the ABN Lookup tool at [abr.business.gov.au](http://abr.business.gov.au).

**B2** – Your former employer's legal name is the name of the entity, and may be different to the trading name of the business. It may usually be found on your payslip, employment contract, payment summary and/or your Employment Separation Certificate.

**B7** – The industry you work in is the general type of trade or job area, such as transport, manufacturing, construction, cleaning, and hospitality.

**B8** – Your job duties are the key kinds of tasks that you had to complete to carry out your job. Examples of duties you did in your job are ordering stock, retail sales, welding, metalwork, delivering goods, and bricklaying.

**B9** – Examples of trade or educational qualifications are Certificates I-IV, Diplomas or Bachelor's degrees. Examples of professional associations are the Institute of Chartered Accountants or Engineers Australia.

**B13** – Base weekly wage (also called your ordinary weekly wage) is your weekly wage, before tax, excluding any allowances, overtime and commission payments.

**B14** – If the number of hours you worked each week was not constant (eg you were a casual employee or you worked on a 'two weeks on, one week off' roster) please use the average number of hours you worked in a week.

**B15** – Did an event occur such as a pay rise, pay cut, change of duties, change of job title, or a change in employment status (such as from a contractor to an employee)?

**C4** – The insolvency practitioner may be the administrator, receiver/manager, bankruptcy trustee, or liquidator managing your former employer's affairs.

**D2** – If you are unsure what type of employment entitlements you may be owed by your former employer, please call the Fair Work Infoline on 13 13 94.

If you answered yes to this question, you may be asked to provide documents to prove the entitlements you believe you are owed; it is in your interest to include with your claim form copies of all documents that may help us to assess your claim (eg bank statements, payslips, separation certificate).

**D3** – Examples might include seeking union assistance, obtaining legal advice, contacting your former employer to pay the amounts owed, and contacting the Fair Work Ombudsman. If you have taken any such steps, please provide copies of relevant documents.

