



LONG SERVICE LEAVE AUTHORITY AGE RETIREMENT CLAIM FORM



Which Scheme/Industry? (Please (✓) tick one box) Construction Cleaning Community Security

Personal Details	Registration No: _____	Date of Birth: ____/____/____	Photo I.D. Required (Copy of Driver's Licence, Proof of Age Card or Passport)
	Employee Surname	Given Names	
This is the address your payment will be posted to	Street	Email Address	
	Suburb	State	Post Code
	Type of work performed	Mobile Phone No (Contact Phone No)	

Interstate Service	If you are registered and have service recorded in an interstate portable long service leave scheme you may add this service to your ACT payment.		
	State	Registration No. (if known)	State
		Registration No. (if known)	

Workers' Compensation	Have you been on workers' compensation for over 6 months since 1 October 1981?		
	Yes / No (Circle) If yes, for what period? ____/____/____ to ____/____/____		

Tax File Number	Your Tax File Number _____
	The Authority is required to deduct tax from your payment. You have no legal obligation to quote a tax file number. However, if you do not provide a tax file number tax will be deducted from your payment at the highest rate. A PAYG Payment Summary will be provided by the Authority.

Details about your last employer & previous long service leave payments	Who was your last employer in the relevant industry in the ACT?		
	Employers Name	Date you finished	____/____/____
	*Were you made redundant from your last employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	*Have you been paid any long service leave directly by your employer for any period of service recorded in the portable long service leave scheme? <input type="checkbox"/> Yes <input type="checkbox"/> No		

✓ I acknowledge that I have read the privacy information on the back of this claim form.

Employee Signature	Signature to claim (Photo I.D. attached/enclosed) <input type="checkbox"/> (Tick Yes)	Date: ____/____/____
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Statutory Declarations Act 1959	STATUTORY DECLARATION
Items (1) to (3) to be completed by the person making the declaration	<p>(1) I, _____ (full name)</p> <p>(2) of _____ (residential address)</p> <p>(3) _____ (current occupation, i.e. retired)</p> <p>do solemnly and sincerely declare that I have permanently ceased work in the relevant industry as an employee because I have retired.</p> <p>(4) _____ (signature of person making declaration)</p> <p>Declared at _____ (place where declaration was made)</p> <p>On the _____ day of _____ 20____ (date declaration made)</p> <p>(5) Before me _____ (signature of witness)</p>
Item (4) to be signed before a Justice of the Peace, Commissioner of Declarations or a person eligible to witness a Statutory Declaration	
Item (5) to be completed by the person witnessing the Statutory Declaration	(full name & title of witness)

