LONG SERVICE LEAVE AUTHORITY
TOTAL INCAPACITY CLAIM FORM

ACT LEAVE

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

Photo I.D Required
(Copy of Driver's Licence, Proof of Age Card or Passport)

Personal Details

Registration No: _____ Date of Birth ____/____/____

Employee Surname _____ Given Names _____

This is the address your payment will be posted to

Street _____

Suburb _____ State _____ Post Code _____

Type of work performed _____ 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

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?** ☐ **Yes** ☐ **No**

*** Have you been paid any long service leave directly by your past employer?** ☐ **Yes** ☐ **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)** ☐ **(Tick Yes)** _____ Date ____/____/____

Certification by Medical Practitioner

(To be completed by a Medical Practitioner)

Note: To be eligible to claim on the basis of total incapacity the applicant must have an illness or injury that permanently prevents him/her from continuing work in the relevant industry.

Applicant's Surname _____ Given Names _____

State the nature of illness or injury _____

(a) Can the patient do his or her usual type of work? ☐ **Yes** ☐ **No**

(b) Will the patient be able to return to work in the relevant industry? ☐ **Yes** ☐ **No**

I examined the above patient on ____/____/____ and in my opinion this person has been unable to work in the relevant industry since ____/____/____.

Medical Practitioners Signature _____ Date ____/____/____

Name (Please print): _____

Qualifications: _____

Surgery Address: _____

Phone No: _____

Street Address:
National Associations Centre
Unit 8, 71 Constitution Ave, CAMPBELL

Postal Address:
Reply Paid 234
CIVIC SQUARE ACT 2608

Office Hours 8.30am to 4.30pm
Freecall 1800 655 060
Phone (02) 6247 3900
Fax (02) 6257 5058

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Payment Details Please indicate how you would like to receive your payment. Please (✓) tick one box.

By ☐ Cheque (Mailed) ☐ Cheque (Collect) ☐ Direct Credit (Please complete below account details)

Account Details Payments will be directly deposited into your **personal** account (joint accounts are acceptable), **not** into business or credit card accounts.

Bank

Branch (Where Bank Account was opened)

BSB Number

Account number

Your account name/s

Check your BSB and account number with your bank, credit union or building society.
(The number on your plastic access card is not your Account number or BSB number)

Note – the Long Service Leave Authority will not accept liability for funds deposited into the wrong account due to an error in the BSB or Bank Account number provided.

Employee's privacy

The Long Service Leave Authority (the '**Authority**', 'we', 'our' and 'us') is collecting personal and other information in this form to process the employee's claim for payment of portable long service leave entitlements in accordance with either Schedule 1 section 1.9, Schedule 2 section 2.9, Schedule 3 section 3.10 & Schedule 4 section 4.10 of the *Long Service Leave (Portable Schemes) Act 2009* (ACT) (the '**Act**'). We collect, use, disclose and manage personal information in accordance with the Territory Privacy Principles under the *Information Privacy Act 2014* (ACT).

The Authority may also collect your personal information: from reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes), such as if you apply to the Authority for payment of a long service leave entitlement under a corresponding law in another State or Territory.

The Authority will use your personal and other information to: process your application for payment of long service leave entitlements; maintain and update your details in the applicable workers register(s); otherwise administer the portable long service leave scheme(s) applicable to you; administer the Authority's general business requirements; meet our legal and regulatory obligations, including as a Territory Authority; undertake surveys, monitoring, analysis and evaluation of the portable long service leave schemes and the Authority's performance of its functions and activities; communicate with you; respond to enquiries and feedback; and provide you with information about our activities, events, news and publications.

Without your personal information, we will be unable to process your application for payment of long service leave entitlements.

The Authority may disclose your personal information to: our contracted service providers, (e.g. information communications and technology providers who help us to manage our databases and other information technology needs; auditors; actuaries; and for surveys, monitoring, analysis and evaluation purposes); reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes); your authorised representative; our external advisers; and as otherwise authorised or required by law (e.g. when we remit tax on leave payments to the Australian Tax Office).

Our privacy policy (available at http://www.actleave.act.gov.au/privacy-policy.html) contains further information about how you can access and correct your personal information, how you can complain about a breach of your privacy, as well as further information about how we will manage your personal information.