



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)

LONG SERVICE LEAVE AUTHORITY

Direct Credit Payment Details: Please complete below nominated bank account details.

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

Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch (Where Bank Account was opened)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your account name/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, compliance 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.