



# 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 your  
current residential  
or postal address  
& contact details**

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?  Yes  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?  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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Statutory Declarations  
Act 1959**

**STATUTORY DECLARATION**

Items (1) to (3) to be completed by the person making the declaration

(1) I, \_\_\_\_\_ (full name)

(2) of \_\_\_\_\_ (residential address)

(3) \_\_\_\_\_ (current occupation, i.e. retired)

**do solemnly and sincerely declare that I have permanently ceased work in the relevant industry as an employee because I have retired.**

Item (4) to be signed before a Justice of the Peace, Commissioner of Declarations or a person eligible to witness a Statutory Declaration

(4) \_\_\_\_\_ (signature of person making declaration)

Declared at \_\_\_\_\_ (place where declaration was made)

On the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ (date declaration made)

Item (5) to be completed by the person witnessing the Statutory Declaration

(5) Before me \_\_\_\_\_ (signature of witness)

(full name & title of witness)

**Street Address:**

Trevor Pearcey House  
Unit 1, 28 Thynne Street, BRUCE ACT 2617

**Postal Address:**

Reply Paid 234  
CIVIC SQUARE ACT 2608  
Email enquiry@actleave.act.gov.au

**Office Hours** 8.30am to 4.30pm

Freecall 1800 655 060  
Phone (02) 6247 3900  
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