



# 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 and may result in administrative, civil and/or criminal sanctions, including criminal prosecution.
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). This claim form is current as at 09 September 2022 and must be used for FEG claims submitted on or after 09 September 2022, until the claim form is replaced. 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. Information about any future changes to the claim form will be posted on the FEG website ([www.dewr.gov.au/fair-entitlements-guarantee](http://www.dewr.gov.au/fair-entitlements-guarantee)).
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.
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. Refer Attachment A for further information.
5. If you are an Australian permanent resident but do not have a passport or official record of your visa, please contact the FEG Hotline for further information on how to lodge an effective claim.
6. 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 scheme of last resort that provides financial assistance for unpaid employee entitlements in insolvency. FEG assistance is only available where there is no other source of funds to pay employment entitlements to eligible employees retrenched due to liquidation or bankruptcy of the employer.

FEG is administered by the Department of Employment and Workplace Relations (the department). Decisions about eligibility for FEG assistance are made in accordance with the *Fair Entitlements Guarantee Act 2012* (FEG Act). If eligible, you may be entitled to receive financial assistance for the following unpaid entitlements:

- › wages – up to 13 weeks of unpaid wages
- › annual leave
- › long service leave
- › payment in lieu of notice – maximum of five weeks
- › redundancy – maximum of four weeks per full year of service.

Please note some entitlements are subject to maximum capping thresholds.

Further information, including the FEG Service Charter, is available on the FEG website ([www.dewr.gov.au/fair-entitlements-guarantee](http://www.dewr.gov.au/fair-entitlements-guarantee)). 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.dewr.gov.au/fair-entitlements-guarantee](http://www.dewr.gov.au/fair-entitlements-guarantee)):

- › Eligibility for FEG assistance
- › How do I apply for FEG assistance
- › General information for claimants
- › What assistance can FEG provide
- › Protecting your information.

## HOW TO FILL OUT YOUR CLAIM FORM

1. The quickest and easiest way to lodge a claim is online using FEG Online Services (<https://extranet.employment.gov.au/feg>). 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@dewr.gov.au](mailto:feg@dewr.gov.au) or post it to:

**Fair Entitlements Guarantee Branch**  
**GPO Box 9828**  
**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**. If you speak an Indigenous language, call the Aboriginal Interpreter Service on **1800 334 944**.

<p>ARABIC: يجب تعبئة إستمارة المطالبة هذه من جانب المستخدمين الذين تم إنهاء توظيفهم بسبب إعسار ربّ عملهم وكانت لهم مستحقات لم يتلقوها. توجد إرشادات عن طريقة تعبئة هذه الإستمارة إلى جانب الأسئلة، للمزيد من المعلومات والمساعدة اتصل بـ <b>FEG Hotline (الخط المباشر) على الرقم 1300 135 040</b>. وإذا كنت ختاج إلى مترجم لمساعدتك في تعبئة هذه الإستمارة اتصل بـ <b>Translating and Interpreting Service (خدمة الترجمة الخطية والشفهية) على الرقم 131 450</b>.</p>	<p>KOREAN: 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 <b>FEG Hotline (정보라인)에 1300 135 040</b>으로 연락하십시오. 이 양식을 작성하기 위해 언어 지원 서비스가 필요하시면 <b>Translating and Interpreting Service (통번역 서비스)에 131 450</b>으로 전화하시면 됩니다.</p>
<p>CROATIAN: 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 <b>FEG Hotline (dežurni telefon) na 1300 135 040</b>. Ako za ispunjavanje ovog obrasca trebate pomoć oko prevodenja, nazovite <b>Translating and Interpreting Service (Službu prevoditelja i tumača) na 131 450</b>.</p>	<p>SIMPLIFIED CHINESE: 因雇主无偿债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<b>FEG Hotline (热线电话)：1300 135 040</b>。如果填表时需要语言协助，请致电<b>Translating and Interpreting Service (笔译与传译服务处)：131 450</b>。</p>
<p>GERMAN: 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 <b>FEG-Hotline</b> unter <b>1300 135 040</b>. Wenn Sie beim Ausfüllen dieses Formulars sprachliche Unterstützung benötigen, wenden Sie sich bitte unter <b>131 450</b> an den <b>Translating and Interpreting Service (Übersetzer- und Dolmetscherdienst)</b>.</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<b>FEG Hotline (熱線電話)：1300 135 040</b>。如果填表時需要語言協助，請致電<b>Translating and Interpreting Service (筆譯與傳譯服務處)：131 450</b>。</p>
<p>GREEK: 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 <b>FEG (Hotline)</b> στο <b>1300 135 040</b>. Αν χρειάζεστε γλωσσική βοήθεια για να συμπληρώσετε την αίτηση αυτή τηλεφωνήστε στην <b>Translating and Interpreting Service (Υπηρεσία Μετάφρασης και Διερμηνείας)</b> στο <b>131 450</b>.</p>	<p>SPANISH: 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 <b>FEG Hotline (línea directa)</b> al <b>1300 135 040</b>. Si necesita ayuda para completar este formulario llame al <b>Translating and Interpreting Service (Servicio de Traducción e Interpretación)</b> al <b>131 450</b>.</p>
<p>ITALIAN: 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 <b>FEG Hotline</b> al numero <b>1300 135 040</b>. Se vi serve assistenza linguistica per compilare questo modulo, chiamate il <b>Translating and Interpreting Service (servizio traduzioni e interpreti)</b> al numero <b>131 450</b>.</p>	<p>HINDI: यह दावा फ़ार्म उन कर्मचारियों द्वारा भरा जाना है जिनकी नौकरी उनके नियोजन के दिवालिया होने के कारण छूट गई है और उनकी हकदारियाँ बाकी हैं। इस फ़ार्म को भरने के निर्देश प्रश्नों के साथ दिए गए हैं। और अधिक जानकारी व सहायता के लिए <b>FEG Hotline(हॉटलाइन)</b> को <b>1300 135 040</b> पर फ़ोन करें। यदि इस फ़ार्म को भरने के लिए भाषा की सहायता चाहिए तो <b>Translating and Interpreting Service (अनुवाद व दुभाषिया सेवा)</b> को <b>131 450</b> पर फ़ोन करें।</p>
<p>MACEDONIAN: Ovoј 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 <b>FEG Hotline (Информативна линија)</b> на <b>1300 135 040</b>. Ако ви треба помош околу јазикот за да го пополнете формуларот, телефонирајте во <b>Translating and Interpreting Service (Служба за писмено и усмено преведување)</b> на <b>131 450</b>.</p>	<p>VIETNAMESE: 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 <b>FEG Hotline (Đường dây thường trực)</b> số <b>1300 135 040</b>. Nếu quý vị cần trợ giúp ngôn ngữ để điền đơn này, xin điện thoại đến <b>Translating and Interpreting Service (Dịch vụ Thông Phiên dịch)</b> số <b>131 450</b>.</p>



# Fair Entitlements Guarantee

## 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?  
 Select yes if your name has changed since birth (due to marriage, divorce, or other reasons). See Attachment A.

**\* A4 Your date of birth**  
 /  /

**\* A5 Were you born in Australia?**  No  Yes

**\* A6 Your permanent address**  
 Please note that if your address changes at any stage after your claim is lodged, you must notify FEG immediately.  
 Street address  
  
 Suburb/City  
  
 State/Territory  Postcode   
 Country (if not Australia)

**\* A7 Your postal address (if different from above)**  
 PO Box or Street address  
  
 Suburb/City  
  
 State/Territory  Postcode   
 Country (if not Australia)

## PART A—YOUR DETAILS

**\* A8 Daytime telephone number**

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

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**A9 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.


**\* A10 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       Special category visa holder  
 Permanent resident  
 Other - you would not meet the eligibility conditions under FEG.

**\* A11 Have you previously submitted a claim for assistance under FEG or General Employee Entitlements and Redundancy Scheme (GEERS)?**

No     Yes—If yes, please provide legal name of the employer.

eg XY Pty Ltd.

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**\* A12 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. If you receive a FEG assistance payment, it will be taxed in accordance with a variation given to the department by the Australian Taxation Office (ATO). 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 **<https://extranet.employment.gov.au/feg>**.
- 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/TFN-declaration](http://www.ato.gov.au/Forms/TFN-declaration)** and submit the declaration with your FEG claim, or register your claim online at **<https://extranet.employment.gov.au/feg>**.



## PART B—DETAILS OF YOUR FORMER EMPLOYMENT

<b>* B1</b> Former employer's ABN or ACN	This may be found on a payslip or payment summary. <input type="text"/>
<b>* B2</b> Legal name of your former employer	eg XY Pty Ltd. <input type="text"/> <input type="text"/>
<b>B3</b> Employer also known as	<input type="text"/> <input type="text"/>
<b>B4</b> Is your employer part of a group of companies?	<input type="checkbox"/> No <input type="checkbox"/> Yes—If yes, which company do you perform most of your work for? <input type="text"/>
<b>* B5</b> Were you a director, owner or principal of the business at any time during the 12 months before, or at any time after, the appointment of an insolvency practitioner?	<input type="checkbox"/> No <input type="checkbox"/> Yes—If yes, you would not meet the eligibility conditions under FEG.
<b>* B6</b> Were you the relative of or in a relationship with a director, owner or principal of the business at any time during the 12 months before, or at any time after, the appointment of an insolvency practitioner?	<input type="checkbox"/> No <input type="checkbox"/> Yes—If yes, what was your relationship? (eg spouse, de facto, parent, grandparent, sibling, child, grandchild, etc). <input type="text"/>
<b>* B7</b> Your Job Title/ Occupation	<input type="text"/>
<b>* B8</b> Which State or Territory did you live in?	<input type="text"/>
<b>* B9</b> What industry did you work in?	eg construction, financial services, cleaning, manufacturing. <input type="text"/>
<b>* B10</b> List the main duties you did in your job	Please list duties in order of importance. <input type="text"/> <input type="text"/> <input type="text"/>

## PART B—DETAILS OF YOUR FORMER EMPLOYMENT

**\* B11** 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:


**B12** Are you aware if any of the following instruments covered the terms and conditions of your employment?

No  Don't know  Yes

Please tick all that apply.

Employment contract—If yes, please attach supporting evidence if you still have it.

Letter of offer—If yes, please attach supporting evidence if you still have it.

Award—If so, what was the title?

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

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**\* B13** What was the basis of your employment at the time your employment ended?

Please tick one.

Employee  Apprentice employee  Trainee employee

Contractor/subcontractor

Textile, clothing and footwear contract outworker

**\* B14** 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

**B15** What was your base weekly wage (before tax)?

\$				
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**B16** How many hours did you work each week?

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**\* B17** During the last six (6) months of your employment with your former employer, did your working arrangement (such as wages, hours or conditions of employment) change?

No  Yes—If yes, please explain how your working arrangement changed:


*Please continue to Part C.*

## PART C—TERMINATION OF YOUR EMPLOYMENT

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

Please indicate whether this start date is exact or an estimation  
 Exact  Estimation

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

Please indicate whether this end date is exact or an estimation  
 Exact  Estimation

**\* C3** Is the date you last worked the same as the date your employment ended?

No—If no, what was your employment end date?  Yes

**\* C4** Did you resign from your employment with your former employer?

No—If no, go to question C5  Yes—If yes, when did you resign?

What was the reason for your resignation? After answering, go to question C7.

  

**\* C5** Who terminated your employment?

Insolvency practitioner  Employer

**\* C6** 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?

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

  

**\* C7** 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

Reason

  

Date from Date to

Reason



## PART C—TERMINATION OF YOUR EMPLOYMENT

**\* C8** Has your former employer's business been sold?

No—If no, go to question C13.  Yes  Don't know

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

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**\* C9** 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 C13.  
 Yes—If yes, go on to C10.

**\* C10** What date were you offered work with the new owner?

D	D	/	M	M	/	Y	Y	Y	Y
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**\* C11** What date did (or will) you commence work with the new owner?

D	D	/	M	M	/	Y	Y	Y	Y
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**\* C12** 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.


**\* C13** 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 C8 to C13 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.

**\* C14** What date did you start with your new employer?

D	D	/	M	M	/	Y	Y	Y	Y
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**\* C15** 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  
 Received    Expect to receive    Both

What is the amount you received, or expect to receive?

\$ | | | | | | | | | |

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

| | | | | | | | | | | | | | | | | | | | | |

What was this money for? (eg unpaid wages)

| | | | | | | | | | | | | | | | | | | | | |

**\* D2** Are you still 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		\$

How confident are you about your knowledge of the amounts still owed? Select only one answer

- I am confident I know what I am owed (please attach records you have about this, such as your employment contract, payslips, and letters to/from your employer).  
 I have a reasonably good idea about what I might be owed.  
 I am unsure about what I am owed.  
 I am largely reliant on others to tell me what I am owed.



## PART D—WHAT ENTITLEMENTS ARE YOU CLAIMING?

**\* D3** In the last 13 weeks of employment, did you receive any payments from your former employer?

No  Yes If yes, please detail below and provide any evidence you have of the payments, such as bank statements, payslips or emails.


**\* D4** Have you taken any steps with your former employer, union, Fair Work Ombudsman, courts or any other method to recover any of your outstanding entitlements?

No  Yes  
Please provide details of the steps you have taken, the relevant dates, and provide supporting evidence.


**\* D5** 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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**\* D6** 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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## PART E—ALTERNATIVE CONTACT & AGENT

### ALTERNATIVE CONTACT

- E1** Do you authorise the Commonwealth to disclose information in relation to your FEG claim to an alternative contact? (contact must be over 18 years of age)

An alternative contact will be able to enquire and receive information from the department in relation to any and all aspects of your FEG claim without checking with you first. They may not perform other actions on your behalf. If you need them to do more to assist you with your FEG claim, you should also nominate them as your 'agent'.

- No  
 Yes—If yes, please complete their contact details.

Title

- Mr  Mrs  Ms  Miss  Mx  Dr

First name

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Family name

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- E2** Relationship

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- E3** Daytime telephone number

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

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- E4** Email address

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


### AGENT

- E5** Do you authorise an agent to act as the primary contact for the purposes of finalising your claim? (agent must be over 18 years of age)

When you nominate an agent to act as the primary contact the department will seek and accept information from them in relation to most aspects of your FEG claim without checking with you first. Your agent will not be permitted to provide us with your TFN declaration, or change your bank account details. If you need to make an update to these after submitting your claim form, you can use a form that we will provide to you if requested. Please be aware an agent cannot submit a claim on your behalf; they may however help you complete your claim form. The Australian Government does not charge a fee for submitting a FEG claim.

- No  Yes—If yes, please complete their contact details.

Title

- Mr  Mrs  Ms  Miss  Mx  Dr

First name

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Family name

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**PART E—ALTERNATIVE CONTACT & AGENT**

**E6 Organisation**

**E7 Address**

Street address

Suburb/City

State/Territory

Postcode

Country (if not Australia)

**E8 Daytime telephone number**

This is the number on which FEG will contact your agent to discuss your claim.

**E9 Email address**

This is the email address to which FEG will send your agent correspondence regarding your claim.

**E10 Correspondence**

This is who will receive correspondence regarding your claim.

- Agent only (Note you will still receive the letter notifying you of the outcome of your claim)
- Agent and claimant

**E11 Declaration**

I, (STATE YOUR FULL NAME)

declare that I am responsible for information provided by the agent I nominate in relation to my claim.

*Please continue to Part F*

## 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 and Workplace Relations (the department) for the purposes of administering the FEG program. The department may also collect your personal information from third parties including other Commonwealth agencies, your former employer, insolvency practitioners, or contracted service providers, for the purposes of administering the FEG program.

The department may also collect your sensitive information. Sensitive information is a type of personal information and includes health information, such as workplace injury information; information regarding cultural or ethnic background; and membership of a trade or professional organisation.

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 program, including:

- › determining your eligibility for FEG assistance
- › assessing and calculating your outstanding entitlements including determining whether any deductions to that entitlement are required
- › verifying the information of other FEG claims
- › research, monitoring and evaluation
- › pursuing recovery of FEG assistance advanced
- › detecting and preventing scheme misuse or abuse.

Parties that your information may be given to include:

- › relevant Commonwealth agencies including Services Australia, 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
- › enforcement bodies and/or agencies and prosecuting authorities, including State government agencies with responsibility for the administration of State based long service leave statute, the Australian Federal Police and the Commonwealth Director of Public Prosecutions
- › other relevant third parties including the insolvency practitioner who is administering your former employer's affairs, industry based long service and redundancy trust funds, an independent FEG contractor appointed by the department to verify entitlements or provide assistance with recovery activity, your alternative contact and or agent (nominated by you), insolvency peak bodies, 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 Australian Privacy Principles and how the department will deal with such a complaint. A copy of the department's Privacy Policy can be found at [www.dewr.gov.au/about-us/resources/dewr-privacy-policy](http://www.dewr.gov.au/about-us/resources/dewr-privacy-policy) or by requesting a copy from the department via email at [privacy@dewr.gov.au](mailto:privacy@dewr.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 confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.
6. I consent for Commonwealth agencies, including the Department of Home Affairs, the Fair Work Commission, the Fair Work Ombudsman, Services Australia, and the Australian Taxation Office to disclose my personal and sensitive information to the Department of Employment and Workplace Relations where that information may be relevant to the assessment of my claim.
7. 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 of Employment and Workplace Relations where that information may be relevant to the assessment of my claim.
8. I authorise the Department of Employment and Workplace Relations 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.
9. I agree that I may be contacted by the Department of Employment and Workplace Relations or an external researcher for the purpose of statistical research, monitoring and evaluation.
10. I authorise the Department of Employment and Workplace Relations or its agents to exercise, on my behalf, any rights I have to require the organisations listed in this claim form to provide me with access to, or copies of, my records, where those records are required to determine my claim for FEG assistance.
11. I accept and agree that the Department of Employment and Workplace Relations 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*.
12. I accept that Services Australia may require the Department of Employment and Workplace Relations 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.
13. 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 contractor 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 Workplace Relations and will be immediately repayable in full. Interest may be payable on this amount. I agree to notify the Department of Employment and Workplace Relations immediately if I receive any such sums, and agree to pay those sums to the Department of Employment and Workplace Relations.
14. 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 and Workplace Relations in relation to my former employer.

### YOU MUST SIGN AND DATE YOUR CLAIM FORM

\* Yes I, (STATE YOUR FULL NAME)

agree

\* Your signature

\* Date

Please give details of any person(s) who assisted you to complete this claim form.

## 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 this symbol ✳), 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 you go (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!

Your 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
- › 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 A10, 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 issued **no later** than the date 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 that is linked to an official online record of your permanent Australian visa, and which confirms that the visa was issued prior to the end of your employment
- › Registration by Descent document
- › Where appropriate, for the purpose of proving you hold a permanent visa, a copy of a passport that is linked to an official online record of your permanent Australian visa, and which confirms that the visa was issued prior to the end of your employment; 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, a current New Zealand passport that is linked to an official online record of your Special Category Visa, and which confirms that the visa was issued prior to the end of your employment, or a 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.dewr.gov.au/fair-entitlements-guarantee](http://www.dewr.gov.au/fair-entitlements-guarantee).
- › In circumstances where you are not able to provide any of the above categories of documents before the end of the legislated 12-month period for lodging your claim, a completed statutory declaration from you, verifying that you do not have and are unable to obtain such documents, and detailing the steps you propose to take to obtain a copy of the requirement document(s). You should use the Commonwealth statutory declaration form which is available at this department's website ([www.ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form](http://www.ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form))

**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.

**Important:** The department verifies the authenticity of the aforementioned mandatory documents that you provide by requesting confirmation of the document from the agency or organisation that issued the document.

# ATTACHMENT B

## GUIDANCE MATERIAL FOR COMPLETING YOUR CLAIM

**A3** – If the name on the residency documents you provide is different to the name on your claim form, you must provide evidence supporting your name change.

**A9** – 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.

**A10** – 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 also have evidence of residency or citizenship status.

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) .

**A11** – 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.

**B9** – The industry you work in is the general type of trade or job area, such as transport, manufacturing, construction, cleaning, and hospitality.

**B10** – 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.

**B11** – 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.

**B15** – Base weekly wage (also called your ordinary weekly wage) is your weekly wage, before tax, excluding any allowances, overtime and commission payments.

**B16** – If the number of hours you worked each week was not consistent, please include an estimate by averaging the number of hours you worked in a four week period, for example if you were a casual employee and you worked 10 hours in week one; 15 hours in week two; 10 hours in week three and 25 hours in week four, your average number of hours would be worked out as follows:  $(10 + 15 + 10 + 25) \text{ divided by } 4 = 15 \text{ hours}$ .

**B17** – 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** – 'When did you resign', means the date you gave your employer notice of resignation; rather than the day you last worked. For example, if you let your employer know on 18 July 2019 that you would finish up on 1 August 2019, the date you would provide at this question is 18 July 2019.

**C5** – Your employment may have been terminated by your former employer without a notice of termination, for example the doors to the business premises were locked. Or, you may have received a termination notice letter from an insolvency practitioner who may be the administrator, receiver/manager, bankruptcy trustee, or liquidator managing your former employer's affairs.

**C7** – You will have had two periods of employment if you resigned to move interstate, or take up a different position, but were later rehired by your former employer after applying, or being made an offer to return.

**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. Your best estimates for each entitlement category are acceptable, if you are not sure about the precise amounts owed to you. You will not be penalised for an honest attempt to provide this information.

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).

**D4** – 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.

[www.dewr.gov.au/fair-entitlements-guarantee](http://www.dewr.gov.au/fair-entitlements-guarantee)