



Alternative Contact and Agent Nomination Form

NOTE: This form is designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents otherwise you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the Adobe website – get.adobe.com/reader/

Use this form if you have already submitted a claim for Fair Entitlements Guarantee (FEG) assistance and want to **nominate** or **update** an alternative contact or agent.

To find out what help an alternative contact or agent can give you, visit the [Making a Fair Entitlements Guarantee claim](#) on the Department of Employment and Workplace Relations (the department) website.

Note:

- › if you haven't submitted a FEG claim yet, you can nominate a different contact person or agent when you complete the claim form.
- › you can also use [FEG Online Services](#) to nominate or update an agent or to update an alternative contact when you are requesting a review.

Anything marked with an asterisk (*) must be filled out.

CLAIMANT DETAILS

* FEG Claim number Claim-00

You can find this in your acknowledgement letter or in FEG Online Services.

* First name

* Family name

*TYPE OF NOMINATION

Agent - I authorise the person I nominated below to act as the primary contact for my FEG claim.

- › An **agent** (who must be over 18) **can** act on your behalf to view claim details, upload documents, and receive or respond to correspondence from the department. They **cannot** lodge a claim or review request on your behalf, provide your Tax File Number (TFN) declaration, or change your bank details.
- › You can only nominate 1 agent

Nominated alternative contact - I authorise the department to disclose personal information relating to my FEG claim to the person I have nominated below.

- › An alternative contact **can** ask questions for you, but they **cannot** make decisions or act on your behalf.
- › You can only nominate 1 alternative contact

NOMINATED PERSON DETAILS

Title Mr Mrs Ms Miss Mx Dr Prefer not to answer

* First name

* Family name

* Relationship (e.g. mother, lawyer, accountant etc)

* Agent phone number (please include the area code if this is a landline number)

Agent email

Agent organisation

* Agent postal address (only mandatory when nominating an agent)

* Correspondence

Agent only (you will only get sent the outcome letter)

Agent and claimant

I confirm I am responsible for information provided by the person I have listed above as my nominated agent.

CLAIMANT SIGNATURE

1. * Claimant full name

2. * Claimant signature

3. * Date (dd/mm/yyyy)

SUBMITTING THIS FORM

> by email to FEG@dewr.gov.au

> by post to

Fair Entitlements Guarantee Branch
Department of Employment and Workplace Relations
GPO Box 9828,
Canberra, ACT, 2601

MORE INFORMATION

For more information on FEG and the process of making a FEG claim, visit www.dewr.gov.au/fair-entitlements-guarantee

PRIVACY STATEMENT

The department manages information you provide according to the *Privacy Act 1988*. our FEG claim will continue to be handled in accordance with the Privacy Declaration you made in your FEG claim form. You can learn more about the department's privacy policy on the [department's website](#) or email privacy@dewr.gov.au to request a full copy.