

PART 2 (FOR BENEFIT TYPE "1" ONLY) TO BE COMPLETED BY THE EMPLOYER OF THE WORKER APPLYING FOR BENEFIT PAYMENT - IF YOU ARE CURRENTLY NOT EMPLOYED IN CONSTRUCTION OR ARE A CONTRACTOR THIS PAGE DOES NOT NEED TO BE COMPLETED

EMPLOYER DETAILS

EMPLOYER'S TRADING NAME <input style="width:95%;" type="text"/>	EMPLOYER'S NT BUILD REGISTRATION NUMBER (IF KNOWN) <input style="width:95%;" type="text"/>
MAILING ADDRESS <input style="width:95%;" type="text"/>	
POSTCODE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
TELEPHONE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	FACSIMILE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
MOBILE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
CONTACT PERSON FOR ENQUIRIES <input style="width:95%;" type="text"/>	EMAIL ADDRESS <input style="width:95%;" type="text"/>

TICK TO INDICATE THE REASON FOR BENEFIT CLAIM:

1 THE WORKER HAS BEEN GRANTED _____ DAYS LONG SERVICE LEAVE TO BE TAKEN FROM ____/____/____ TO ____/____/____
 • A SATURDAY, SUNDAY OR PUBLIC HOLIDAY MUST NOT BE COUNTED AS A DAY OF LEAVE

2 THE ABOVE WORKER HAS BEEN CEASED ON ____/____/____ FOR THE FOLLOWING REASON BELOW:

RESIGNATION
 • THE WORKER HAS RESIGNED FROM HIS OR HER POSITION

TERMINATION
 • THE WORKER HAS BEEN TERMINATED FROM HIS OR HER POSITION

RETIREMENT
 • THE WORKER HAS REACHED THE RETIREMENT AGE

BONA-FIDE REDUNDANCY
 • THE WORKERS POSITION IS NO LONGER AVAILABLE AND HAS BEEN MADE REDUNDANT

INVALIDITY (TPI)
 • THE WORKER HAS SUSTAINED A PERMANENT INJURY AND HAS BEEN PROVEN TO BE NO LONGER FIT TO PERFORM IN HIS OR HER PROFESSION

EMPLOYER DECLARATION

I declare the details on this form are true and correct to the best of my knowledge.	EMPLOYERS SIGNATURE <input style="width:95%;" type="text"/>	DATE (DD/MM/YYYY) <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
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PART 3 (FOR BENEFIT TYPE "5" ONLY) TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE OF THE DECEASED MAKING THE CLAIM

PART 3 - PERSONAL REPRESENTATIVES DETAILS

SURNAME <input style="width:95%;" type="text"/>	GIVEN NAMES <input style="width:95%;" type="text"/>
MAILING ADDRESS <input style="width:95%;" type="text"/>	
POSTCODE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
SUBURB <input style="width:95%;" type="text"/>	
TELEPHONE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	MOBILE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>