

# Application for Benefit Payment

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## PART 1 TO BE COMPLETED BY THE WORKER (OR THEIR PERSONAL REPRESENTATIVE IF DECEASED)

### Worker details

Registration No \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax File Number \_\_\_\_\_

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

### Tick to indicate type of benefit

1  I wish to apply for \_\_\_\_ days (min 5 days) long service leave to be taken from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. See Part 2.

2  I ceased employment on \_\_\_\_/\_\_\_\_/\_\_\_\_ and no longer carry out construction work. See Part 2

3  I apply to be deregistered and be paid my long service leave benefit on the basis that I no longer carry out construction work.

4  I apply to be deregistered and be paid my long service leave benefit on the basis that I am retiring from the work force.

*(I understand that if I claim a benefit on deregistration that I cannot be re-registered with NT Build as either a worker or contractor, except in exceptional circumstances)*

5  I am the personal representative of a deceased worker claiming the entitlement.

*(Proof of death of worker and proof of authority to act as personal representative must be supplied).*

### Please provide details of employment history in the Northern Territory since your last worker certificate

Employer	Phone number	Start date	End date

### Interstate Scheme Registration

If you are registered with another construction industry long service leave scheme, please provide details of your interstate registration number and accrued service credits.

Interstate Scheme	Registration Number	Accrued Service Credits
Australian Capital Territory		
New South Wales		
Queensland		
South Australia		
Tasmania		
Victoria		
Western Australia		

### NT Build will pay your benefit directly into your bank account.

Bank Name \_\_\_\_\_

### Please provide details of your Bank Account.

BSB Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Name (ie A & J Smith) \_\_\_\_\_

### Declaration

I declare that the information provided is, to the best of my knowledge, true and correct

Signature of worker or personal representative \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Worker registration number: \_\_\_\_\_

**PART 2 (FOR REASON 1 & 2) TO BE COMPLETED BY THE EMPLOYER OF THE WORKER APPLYING FOR PAYMENT CONTRACTORS  
DO NOT NEED TO HAVE THIS SECTION COMPLETED**

**Employer details**

Employer Registration No \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

**Reason for claim Tick**

The above worker has been granted \_\_\_\_\_ days long service leave to be taken from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

The above worker has terminated on \_\_\_\_/\_\_\_\_/\_\_\_\_ for the following reason:

Resigned  Retired  Bona-Fide Redundancy  Invalidity  Approved Early Retirement Scheme

**Declaration**

I declare that the information provided is, to the best of my knowledge, true and correct

Signed for employer \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_