



Claim Form

WHAT IS GEERS?

GEERS is a basic payment scheme established to assist employees who have lost their employment due to the insolvency of their employer, and who are owed certain employee entitlements.

By carefully completing all of this form, you will help the Department of Education, Employment and Workplace Relations to assess your claim as quickly as possible.

WHAT GEERS COVERS

You may be eligible to receive assistance under GEERS for the following employee entitlements:

- › unpaid and underpaid wages
- › unpaid annual leave
- › unpaid long service leave
- › unpaid payment in lieu of notice
- › unpaid redundancy pay.

Please refer to the GEERS Operational Arrangements for the relevant limits which may apply.

WHAT YOU NEED TO KNOW BEFORE FILLING OUT THIS FORM

You may be eligible for GEERS assistance if:

- › your former employer has gone into liquidation or bankruptcy; and
- › an insolvency practitioner has been appointed to manage your former employer's affairs; and
- › you no longer have a job with your former employer; and
- › you believe you are owed entitlements.

You must submit your claim form to the Department of Education, Employment and Workplace Relations within 12 months of:

- › your former employer going into liquidation or bankruptcy, or
- › the date your employment was terminated (whichever date is later).

HOW TO FILL OUT YOUR CLAIM FORM

1. Complete this form in English.
2. Read questions carefully and follow the instructions beside each question.
3. Use blue or black pen only, print clearly and use only one claim form per person.
4. Try to fill out all sections of the form. You must answer questions marked with this symbol * or your form will be returned which may delay the processing of your claim.
5. To get help filling out this form, speak with the insolvency practitioner managing your former employer's affairs or call the GEERS Hotline on 1300 135 040.
6. If you require an interpreter, call the Translating and Interpreting Service on 131 450. This is a free service.
7. Send your completed form to:
Department of Education, Employment and Workplace Relations
Loc code: 29BBP21
Employee Entitlements Branch
GPO Box 9880
CANBERRA ACT 2601
8. We will notify you in writing when we have received your claim form and after we have assessed your claim.

Other information

The Department uses the GEERS Operational Arrangements to work out if you are eligible and the amount of any GEERS advance.

To get information on eligibility for GEERS and the claim process:

- › contact the insolvency practitioner managing your former employer's business affairs
- › telephone the GEERS Hotline on 1300 135 040
- › visit workplace.gov.au/geers
- › email GEERS@deewr.gov.au.

Important! Remember:

1. The information you provide in this form must be correct to the best of your knowledge. Giving false or misleading information is a serious offence.
2. It is in your interest to include with your claim form copies of all documents that may help the Department to assess your claim. A decision may be made on the information you have provided.

LANGUAGE

assistance for non-english speakers

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 **GEERS Hotline on 1300 135 040**. If you need language assistance to complete this form call the **Translating and Interpreting Service on 131 450**.

ARABIC:

على المستخدمين الذين أنهى توظيفهم بسبب إفلاس رب العمل ولهم إستحقاقات لم يتم تسديدها إكمال إستمارة الطلب هذه. وقد كتبت الإرشادات الخاصة بكيفية تعبئة هذه الإستمارة بجانب الأسئلة للمزيد من المعلومات والمساعدة إتصل بخط **GEERS الساخن على الرقم 1300 135 040**. إذا كنت تحتاج إلى مترجم لمساعدتك في إكمال هذه الإستمارة إتصل بمكتب خدمات الترجمة الخطية والشفهية على الرقم **131 450**.

KOREAN:

이 신청 양식은 고용주 파산으로 인해 고용이 중단되었으며 그리고 체불 임금이 발생한 고용인들이 작성하도록 되어 있습니다. 각 질문 옆에 이 양식을 작성해야 하는 방법에 대한 설명이 나와 있습니다. 보다 자세한 정보와 지원이 필요하신 분들은 **GEERS Hotline 1300 135 040**으로 전화하시기 바랍니다. 만일 이 양식을 작성하기 위한 통역 서비스가 필요하시면 통번역 서비스 **131 450**로 전화하시면 됩니다.

CROATIAN:

Ovu zahtjevnici ispunjavaju zaposlenici čiji je radni odnos prestao zbog stečaja poslodavca i prema kojima postoje nenamirena dugovanja. Upute kako ispuniti ovaj obrazac nalaze se pokraj pitanja. Za dodatne obavijesti i pomoć nazovite dežurni telefon **GEERS Hotline na 1300 135 040**. Ako vam je potrebna jezična pomoć da ispunite ovaj obrazac, nazovite **Translating and Interpreting Service** (Službu za prijevode i tumačenje) na **131 450**.

SIMPLIFIED CHINESE:

因雇主无偿债能力，遭雇主解雇及拖欠薪酬和福利的雇员，请填写该索偿表。表格填写说明位于问题的旁边。如需了解更多详情和需要协助，请拨打**GEERS 热线：1300 135 040**。如需翻译服务，请致电翻译与传译服务：**131 450**。

GERMAN:

Dieser Antrag ist von Beschäftigten auszufüllen, deren Arbeitsvertrag auf Grund von Zahlungsunfähigkeit des Arbeitgebers beendet wurde und denen Zahlungsansprüche zustehen. Anweisungen zum Ausfüllen des Formulars befinden sich neben den einzelnen Fragen. Für weitere Informationen und Hilfestellungen rufen Sie das **GEERS-Infotelefon unter der Nummer 1300 135 040** an. Sollten Sie beim Ausfüllen dieses Formulars linguistische Hilfe benötigen, so setzen Sie sich bitte mit dem **Übersetzer- und Dolmetscherdienst unter der Nummer 131 450 in Verbindung**.

TRADITIONAL CHINESE:

因僱主無償債能力，遭僱主解僱及拖欠薪酬和福利的僱員，可填寫這索償表格。填寫表格的指示列於問題的旁邊。如需瞭解更多詳情和需要協助，請撥打**GEERS 熱線：1300 135 040**。如需翻譯服務，請致電翻譯與傳譯服務：**131 450**。

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 **GEERS Hotline στο 1300 135 040**. Αν χρειάζεστε γλωσσική βοήθεια για να συμπληρώσετε την αίτηση αυτή τηλεφωνήστε στην **Υπηρεσία Μετάφρασης και Διερμηνείας στο 131 450**.

SPANISH:

Los empleados que hayan sido despedidos por insolvencia de su empleador y a quienes les adeuden aportes deberán completar este formulario de reclamo. Al lado de las preguntas se incluyen instrucciones para completar este formulario. Para mayor información y para obtener asistencia, llame a la **Línea Gratuita del Esquema General de Indemnización de Aportes de Empleados (GEERS, por sus siglas en inglés) al 1300 135 040**. Si necesita asistencia en su idioma para completar este formulario, llame al **Servicio de Traducción e Interpretación al 131 450**.

ITALIAN:

Questo modulo di domanda deve essere compilato da tutti i dipendenti che sono stati licenziati a causa di fallimento del proprio datore di lavoro e a cui spettano dei diritti. Per ulteriori informazioni e assistenza chiamate la **Linea di Assistenza Telefonica della GEERS al numero 1300 135 040**. Se avete bisogno di aiuto per completare questo modulo chiamate il **Servizio di Traduzione e Interpretariato al numero 131 450**.

HINDI:

यह दावा फार्म उन कर्मचारियों द्वारा भरा जाना है जिनकी नौकरी उनके नियोजन के दिवालिया होने के कारण खूट गई है और उनकी हकदारियां चाकी हैं। इस फार्म को भरने के निर्देश प्रश्नों के साथ दिए गए हैं। और अधिक जानकारी व सहायता के लिए **GEERS** हॉटलाईन को **1300135 040** पर फोन करें। यदि इस फार्म को भरने के लिए आपको भाषा की सहायता चाहिए तो अनुवाद व दुभाषिया सेवा को **131 450** पर फोन करें।

MACEDONIAN:

Ovoј формулар треба да се потполни од страна на вработените на кои им има престанато работниот однос заради неликвидност на работодавачот и на кои им се должат плаќања. Упатствата како да се потполни формуларов се наоѓаат позади прашањата. За повеќе информации и помош јавете се на **GEERS Hotline на 1300 135 040**. Ако ви треба помош со јазикот за потполнување на формуларов јавете се на **Translating and Interpreting Service на 131 450**.

VIETNAMESE:

Nhân viên nghỉ việc vì hãng xuống bị phá sản và chưa được thanh toán quyền lợi phải tự điền đơn này. 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 cho Đường Dây Thương Trục GEERS số **1300 135 040**. Nếu muốn nhờ người giúp điền đơn vì trở ngại ngôn ngữ, xin điện thoại cho Dịch Vụ thông Phiên Dịch số **131 450**.

Please answer all questions and tick the relevant boxes.

Fields marked with this symbol * are mandatory and must be completed.

Leaving a question blank may delay the processing of your claim.

GEERS

General Employee Entitlements
& Redundancy Scheme

Claim Form

PART A – PERSONAL DETAILS

YOUR NAME

YOU MUST ANSWER
QUESTIONS 1 TO 5

* 1 Title – (Mr, Mrs, Ms, Miss)

* First name

Middle name

* Family name

YOUR DATE OF BIRTH

* 2

**ARE YOU AN AUSTRALIAN
CITIZEN OR DO YOU RESIDE
PERMANENTLY IN AUSTRALIA?**

* 3

Yes No

YOUR ADDRESS

(Street or postal address)

* 4 Number and street

* Suburb or city

* State or territory

* Postcode

YOUR CONTACT DETAILS

Tick and fill out at least one (1)
way you prefer us to contact you during
working hours if necessary.

* 5 Home number (include area code) Tick preferred contact method

* Business hours number (include area code)

Mobile or other number (include area code)

Email

PART B – YOUR JOB DETAILS

RELATIVES

YOU MUST ANSWER QUESTIONS 14 AND 15

Q14 and 15: Relatives include your spouse (including de facto spouse), parent, grand and great grandparents, children, grandchildren, brothers or sisters.

Do not list relatives such as aunts, uncles, nieces, nephews or any in-laws.

EMPLOYMENT INSTRUMENT

Q16: Examples of employment instruments include awards, agreements and contracts.

If you are unsure of your formal employment arrangement, contact:

- > the insolvency practitioner
- > the Workplace Infoline on 1300 363 264
- > visit workplaceauthority.gov.au.

◆ **You must attach a copy of this document to your claim.**

It is in your interest to provide copies of any documents that may help the Department to assess your claim, including:

- > payslips
- > contract of employment signed by your former employer
- > a letter of termination
- > timesheets
- > payment summaries
- > separation certificate.

If you want to include these with your claim form, do not attach original documents as they cannot be returned.

A decision may be made on the information you have provided.

* 14 Are you a relative of a director or owner of the business?

- Yes If Yes, go to question 15
 No If No, go to question 16

* 15 If Yes, state who you were related to as well as your relationship with that person (for example, Mr Jones, Director, brother)?

16 What type of employment instrument were you employed under? Tick the relevant box.

- Award

What award were you employed under?

- Workplace Agreement (for example, collective agreement, Australian Workplace Agreement, certified agreement) ◆
 Employment contract ◆
 Letter of appointment ◆

17 Under what arrangement were you employed? Tick the relevant box.

- Full-time (permanent)
 Part-time (permanent)
 Casual

18 What was your weekly wage before tax (excluding regular allowances or commissions – see question 39)?

\$

19 What was your hourly wage before tax?

\$

20 How many hours each week did you work on average?

21 In which state or territory were you employed?

PART C – TERMINATION OF YOUR EMPLOYMENT

START AND FINISH DATE

YOU MUST ANSWER QUESTIONS 22 TO 26

Q22 and 23: If you are not sure of the dates you started or finished work with your former employer enter the month and year.

EMPLOYMENT TERMINATION

Q24: Were you told that your employment was being terminated and given notice (for example, you finished up with your former employer two weeks after you were told you no longer had a job)?

Q27: The insolvency practitioner may be the administrator, receiver manager, bankruptcy trustee or liquidator managing your former employer's affairs.

* 22 What was your first day of work with your former employer?

D D / M M / Y Y Y Y

* 23 What was your last day of work with your former employer?

D D / M M / Y Y Y Y

* 24 Were you told in advance that your employment was being terminated?

Yes If Yes, go to question 26

No If No, go to question 25

* 25 Did you resign from your employment?

Yes If Yes, go to question 26

No If No, go to question 27

* 26 If Yes to question 24 or 25, please provide the date.

D D / M M / Y Y Y Y

27 Who terminated your employment? Tick the relevant box.

Insolvency practitioner

Employer

Resigned

28 What was the reason given for your termination? OR Why did you resign?

29 Has your former employer's business been sold?

Yes If Yes, go to question 30

No If No, go to question 32

Don't know If you Don't know, go to question 32

30 If Yes, were you re-employed by the new owners of the business?

Yes If Yes, go to question 31

No If No, go to question 32

31 If Yes, what date did you start work with the new owners?

D D / M M / Y Y Y Y

32 Have you been employed by a business owned by either your former employer, the director(s) of your former employer or a person who was or is employed by your former employer?

Yes If Yes, go to question 33

No If No, go to question 34

33 If Yes, what date did you start work with the new business?

D D / M M / Y Y Y Y

PART C – TERMINATION OF YOUR EMPLOYMENT

INSOLVENCY PRACTITIONER

Q34 and 35: The insolvency practitioner manages the affairs of your former employer. Please supply the insolvency practitioner's name and contact number.

34 Insolvency practitioner's name

35 Insolvency practitioner's telephone number (include area code)

PART D – CLAIM DETAILS – WHAT ARE YOU OWED?

PAYMENTS

YOU MUST ANSWER QUESTIONS 36 AND 37

Q37: If you have received some of your employee entitlements such as redundancy pay, list the amount here.

Do not include wages you may have received while working for the business after it went into administration and was managed by the insolvency practitioner.

Do not include wages you earned before your former employer went into liquidation or bankruptcy.

* 36 Have you received any payment in respect of employee entitlements from any person or organisation?

- Yes If Yes, go to question 37
 No If No, go to question 38

* 37 If Yes, enter the amount you received from the employer or any other person.

Is this amount before or after tax? Tick the relevant box.

- Before tax After tax

What business or person provided you this money and what was it for? (For example, Jim's Carpets, for unpaid wages).

ARE YOU OWED ENTITLEMENTS?

YOU MUST ANSWER QUESTION 38

Q38: If you are not sure what entitlements you are owed as part of your working conditions, award, or employment contract please call the Workplace Infoline on 1300 363 264.

If you are not covered by the federal system, please call your local state service on the following numbers:

New South Wales – 13 16 28

Queensland – 1300 369 945

South Australia – 1300 365 255

Western Australia – 1300 655 266

Tasmania – 1300 366 322

If you answer Yes to question 38, you may be asked to provide documents to prove your employee entitlements.

* 38 Are you owed employee entitlements by your former employer?

- Yes If Yes, go to question 39
 No If No, go to question 40

PART D – CLAIM DETAILS – WHAT ARE YOU OWED?

Q39: Only fill in this question if you know what entitlements you are owed.

If you are unsure of what you are owed, the Department will check with the insolvency practitioner and/or an independent GEERS contractor to work out your entitlements.

It is in your interest to include with your claim form copies of all documents that may help the Department to assess your claim.

A decision may be made on the information you have provided.

CHANGES IN EMPLOYMENT CONDITIONS

Q40: For example, did you receive a pay rise, pay cut, change of duties or job title, or go on workers' compensation?

OTHER SOURCES OF ENTITLEMENTS

Q42: Examples of entitlement protection schemes include: Australian Construction Industry Redundancy Trust (ACIRT), Mechanical and Electrical Redundancy Trust (MERT), Building Employees Redundancy Trust (BERT) or INCOLINK.

Include a copy of your most recent statement. Do not attach your original statement as it cannot be returned to you.

39

	Number of weeks owed	Amount before tax
Wages		\$
Commission/regular allowances		\$
Annual leave		\$
Annual leave loading		\$
Payment in lieu of notice		\$
Redundancy		\$
Long service leave		\$
TOTAL		\$

If you received commissions or a regular allowance, please indicate how often this payment was received in the box below (for example, monthly).

40 During the last six (6) months of your employment with your former employer, did your entitlements, such as wages, and/or conditions of employment change?

- Yes If Yes, go to question 41
 No If No, go to question 42

41 If Yes, how?

42 Are you a member of an industry-based entitlement protection scheme?

- Yes If Yes, go to question 43
 No If No, go to question 44
 Don't know If you Don't know, go to question 44

43 If Yes, which one?

Member/ID number

PART E – OTHER COMMENTS

44 How did you find out about GEERS?

- Insolvency practitioner
- Employer
- Internet
- Centrelink
- Other If Other, please indicate where the information came from.

YOU MUST ANSWER QUESTION 45

* 45 Have you put in a GEERS claim form before?

- No
- Yes, for this employer
- Yes, for a different employer

PART F – PRIVACY STATEMENT AND DECLARATION please read carefully before signing

PRIVACY NOTICE

The Department of Education, Employment and Workplace Relations (DEEWR) manages information given by you in this claim form in accordance with the *Privacy Act 1988*. It collects this information, and other information in relation to your claim, for the purposes of determining what employee entitlements you may be owed by your former employer. DEEWR also uses the information for statistical research, monitoring and evaluation that may be carried out by it or by external commercial researchers.

DEEWR usually discloses some or all of the information which relates to your claim for purposes outlined above to the insolvency practitioner who is administering your former employer's affairs; providers of alternative entitlement protection schemes and/or an independent GEERS contractor appointed by DEEWR to check entitlements; to Centrelink for the calculation of entitlements; to the Australian Taxation Office, the Australian Securities and Investments Commission and the Insolvency Trustee Service Australia to facilitate the recovery of GEERS advances and to support compliance activities; to the Workplace Ombudsman for investigations under the *Workplace Relations Act 1996*; and to the Commonwealth Ombudsman where a complaint is made in relation to a GEERS claim.

DECLARATION

1. The information provided in this claim form is true and correct to the best of my knowledge.
2. I certify that I have provided the information contained in this application form either personally or through the assistance of a representative.
3. I authorise DEEWR 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 GEERS assistance.
4. I authorise the Workplace Authority and workplace agreement officials to disclose to DEEWR for the purpose of my claim for GEERS assistance, information in relation to any Workplace Agreement to which I am, or have been, a party. I understand that DEEWR may use this information when determining my claim for GEERS assistance.
5. I authorise the Workplace Ombudsman to disclose to DEEWR for the purpose of my claim for GEERS assistance, information in relation to me that it has collected as a result of any investigation by the Workplace Ombudsman. I understand that DEEWR may use this information when determining my claim for GEERS assistance.
6. I authorise DEEWR or its agents to exercise, on my behalf, any rights I have to require the organisation listed in question 43 to provide me with access to, or copies of, my records, where those records are required to determine my claim for GEERS assistance.
7. Where I have not provided information in relation to my claim for GEERS assistance, I accept and agree that DEEWR will usually rely on the information provided by the insolvency practitioner, or as otherwise independently verified, as the basis for determining my claim for GEERS assistance.
8. I further accept that I am not entitled to receive any money paid as a result of any error on my behalf or on the part of an insolvency practitioner acting for my insolvent employer, or on the part of a person administering GEERS for the Commonwealth AND that any sums paid under these circumstances are a debt owed by me and are immediately repayable in full. Interest may be payable on this amount.
9. I certify that any copies I have provided are true copies of the original documents.
10. I acknowledge that the giving of false or misleading information is a serious offence.

YOU MUST SIGN AND DATE YOUR CLAIM FORM

* Your signature

* Date

PART G – AGENT DETAILS

AGENT

Complete this section only if there is someone you trust and authorise to speak with the Department about your GEERS claim on your behalf, for example a person over 18 years of age such as your husband, wife, brother, sister or child. Ensure all areas are completed.

Do you want someone else to speak with the Department on your behalf?

- Yes (if Yes, complete the remaining boxes)
 No

Agent's full name

Relationship with agent

Agent's address

Agent's phone number (include area code)

Agent's signature

Date

Your signature

Date

GEERS

General Employee Entitlements
& Redundancy Scheme

Claim Form Checklist

BEFORE SENDING IN YOUR FORM, CAREFULLY CHECK THAT YOU HAVE:

- Completed questions 1 to 5 in Section A (your personal details) including:
 - Full name
 - Date of birth
 - Australian residency status
 - Address
 - Contact details
- Completed question 6 (former employer's business name and address)
- Completed questions 9 to 13 (what industry you worked in, your job title, duties and employment type)
- Completed questions 14 and 15 (relationship, if any, to director or owner/principal)
- Attached a copy of your Workplace Agreement or employment contract—question 16
- Attached copies of other documents that may help the Department to assess your claim—question 16
- Completed questions 22 to 26 (when you started and finished work with your former employer and how your employment ended)
- Completed questions 36 and 37 (any employee entitlements received)
- Completed question 38 (your owed entitlements)
- Completed question 45 (previous GEERS claims)
- Attached a copy of your most recent industry-based entitlement protection scheme statement (if you are a member)—questions 42 to 43
- Read the Privacy Notice
- Read the Declaration
- Signed and dated your claim form noting that giving false or misleading information is a serious offence

Send your completed form to:

Department of Education, Employment and Workplace Relations
Loc code: 29BBP21
Employee Entitlements Branch
GPO Box 9880
CANBERRA ACT 2601