



GEERS

General Employee Entitlements & Redundancy Scheme

CLAIM FORM

You may be eligible for GEERS assistance if:

- an insolvency practitioner has been appointed to your former employer*; **and**
- your employment has ceased as a result of this appointment; **and**
- you believe you are owed entitlements that are unpaid, that is wages, annual leave, long service leave, payment in lieu of notice or redundancy payments. **Please note:** Only these entitlements are covered by GEERS, e.g. superannuation is not covered.

*For employees who have lost their jobs prior to 1 November 2005, insolvency practitioner includes administrator, receiver, liquidator or trustee in bankruptcy. Where an insolvency practitioner has been appointed on or after 1 November 2005, to be eligible for GEERS assistance, your employer **must** have also entered into liquidation or bankruptcy.

If you believe you are eligible for GEERS assistance, you may wish to check the GEERS Operational Arrangements (Arrangements) which the Department uses to determine whether employees are eligible and the amount of any GEERS advance that may be made. A revised version of the Arrangements was introduced on 1 November 2005 and replaces all previous versions. Both versions of the Arrangements are available on the Australian Workplace website at: www.workplace.gov.au.

For further information concerning eligibility criteria and the GEERS process, you should read the fact sheet **'HOW YOUR GEERS CLAIM WILL BE ASSESSED'** which is available from the Department on 1300 135 040, the Australian Workplace website and the Insolvency Practitioner appointed to your former employer.

To be assessed under GEERS, you must submit your claim form to the Department of Employment and Workplace Relations within either 12 months of the date that your former employer entered into liquidation or bankruptcy, or the date your employment was terminated (whichever date is the later). If your employment was terminated before 1 November 2005, you need to lodge your claim within 12 months from the date your employment was terminated.

HOW TO FILL OUT YOUR CLAIM FORM

- 1 The form must be completed in English.
- 2 Please read the questions carefully and refer to the instructions beside each question.
- 3 Please use blue or black pen only, print clearly and use only one claim form per person.
- 4 You are strongly encouraged to complete all sections to the best of your ability. However you must answer the questions that are marked with an asterisk*. The form will be returned to you if these questions are not answered and delays in processing your claim will occur.
- 5 For more information, or for help filling out this form call the **GEERS Hotline** on **1300 135 040** or visit the **website** www.workplace.gov.au.
- 6 For an interpreter please call the **Translating and Interpreting Service** on **131 450**. This is a free service.
- 7 Send your completed form to this address:
**Department of Employment
and Workplace Relations
Employee Entitlements Branch
GPO Box 9879
CANBERRA ACT 2601**

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 ربّ العمل ولهم إستحقاقات لم يتم تسديدها إكمال إستمارة الطلب هذه. وقد كتبت الإرشادات الخاصة بكيفية تعيينه هذه الإستمارة بجانب الأسئلة. للمزيد من المعلومات والمساعدة إتصل بخط **GEERS** الساخن على الرقم **1300 135 040**. إذا كنت تحتاج الى مترجم لمساعدتك في إكمال هذه الإستمارة إتصل بمكتب خدمات الترجمة الخطية والشفهية على الرقم **131 450**.

POLISH:

Ten formularz roszczeniowy powinien być wypełniony przez pracowników, których zatrudnienie zakończyło się z powodu bankructwa/niewypłacalności pracodawcy i którzy nie otrzymali wszelkich należnych im form płatności. Instrukcje dotyczące wypełnienia tego formularza są umieszczone obok pytań. Aby otrzymać więcej informacji i pomocy należy zadzwonić do **GEERS Hotline pod numer telefonu 1300 135 040**. Jeżeli przy wypełnieniu tego formularza jest potrzebny tłumacz należy zadzwonić do **Translating and Interpreting Service pod numer telefonu 131 450**.

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**.

TAGALOG:

Ang claim form na ito ay kailangang kumpletihin ng mga empleyado na pinatigil sa kanilang trabaho sa dahilan ng kawalan ng ibabayad ng kanilang tagapag-employo at pinagkakautangan ng kabayaranang nauukol sa mga karapatan. Ang mga tagubilin kung paano pupunuan ang form na ito ay matatagpuan sa tabi ng mga katanungan. Para sa karagdagang impormasyon at tulong tumawag sa **GEERS Hotline sa 1300 135 040**. Kung kailangan ng tulong sa lengguwahe upang makumpleto ang form na ito tumawag sa **Serbisyo para sa Pagsasalín at Pag-iinterpretar sa 131 450**.

MACEDONIAN:

Овој 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 Thường Trực 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 boxes where appropriate.

Mandatory fields marked with an asterisk * must be completed.



MANDATORY FIELDS

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

GEERS

General Employee Entitlements & Redundancy Scheme

CLAIM FORM

PART A – Personal details

Your name	*1 Title – (for example, Mr, Mrs, Ms, Miss) <input type="text"/>
	* First name <input type="text"/>
	Middle name <input type="text"/>
	* Last name <input type="text"/>
Your date of birth	*2 DD/MM/YYYY <input type="text" value=" / /"/>
Your address (Street address or PO Box)	*3 Number & street <input type="text"/>
	<input type="text"/>
	* Suburb/City <input type="text"/>
	* State/Territory <input type="text"/> * Post code <input type="text"/>
Your contact details Please tick and complete at least 1 preferred contact method during working hours should we need to contact you.	*4 Area code Home <input type="text"/> <input type="text"/> (Please tick at least 1 preferred contact method) <input type="checkbox"/>
	Business hours <input type="text"/> <input type="text"/> <input type="checkbox"/>
	Mobile/other <input type="text"/> <input type="checkbox"/>
	Email <input type="text"/> <input type="checkbox"/>

PART B – Your Job details

Your job details If you are unsure of your employer's ABN refer to a payslip, any letter from your employer with their letterhead, talk to the insolvency practitioner or visit www.abr.gov.au .	*5 Employer's name and address <input type="text"/>
	6 Trading Name (if known) <input type="text"/>
	7 ABN number <input type="text"/>

PART B – Your Job details (continued)

Your Occupation

Examples of 'Industry' types include: transport, hospitality, construction etc.

Examples of 'work/duties' include: clerical, motor mechanic etc.

8 What industry did you work in?

9 What type of work/duties did you do?

Employment Type

***10** What type of employee were you? Please tick relevant box/boxes

Employee

Apprentice

Trainee

Director

Owner/Principal of the business

(Sub)Contractor

Relatives

Relatives include: spouse, parent or remoter lineal ancestor, son, daughter or remoter issue, or brother or sister.

***11** Were you a relative of a Director or owner/Principal of the business?

Yes

No

If **No**, go to question 13.

***12** If **Yes**, what was your relationship (e.g spouse, parent, sibling etc)?

What was the basis of your employment at the time you lost your job?

Examples of employment instruments include awards, agreements and contracts.

If you have documents supporting your claim, for example:

- payslips
- contract of employment
- a letter of termination
- timesheets
- payment summaries
- separation certificate

attach a copy to your claim form.

Please do not attach original documents as they cannot be returned.

13 What type of employment instrument were you employed under? If you were employed under an award or agreement, please provide its name, if known.

14 On what basis were you employed? Please tick one box.

Full-time (permanent)

Part-time (permanent)

Casual

15 What was your weekly wage before tax?

\$

16 What was your hourly wage before tax?

\$

17 How many hours per week did you work on average?

18 State/Territory in which employed

PART C – Cessation of your employment

If you are not sure of the dates you started or finished work please enter the month and year.

***19** Date you started work

DD/MM/YYYY

***20** Date you finished work

DD/MM/YYYY

***21** Were you given notice of the termination of your employment? **OR** Did you give notice of your resignation?

Yes

No

If **No**, go to question 23.

***22** If **Yes**, please provide the date.

DD/MM/YYYY

23 Who terminated your employment?

Insolvency Practitioner

Employer

Resigned

24 What was the reason given for termination? **OR** Why did you resign?

25 Has your employer's business been sold?

Yes

No

Don't Know

If **No** or **Don't Know**, go to question 28.

26 If **Yes**, were you re-employed with the new owners of the business?

Yes

No

If **No**, go to question 28.

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

DD/MM/YYYY

28 Have you been re-employed by a new business owned by your former employer?

Yes

No

If **No**, go to question 30.

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

DD/MM/YYYY

Insolvency practitioner

The insolvency practitioner (IP) manages the affairs of your former employer. Please supply the IP's business name and contact number.

30 IP business name

31 IP contact number

Area code

PART D – Claim details – What are you owed?

Payments

Please advise us if you have received, or are entitled to receive, any payments related to your employment from any source after you were terminated or resigned.

***32** Have you received any payments related to your employment?

Yes

No

If **No**, go to question 34.

33 If **Yes**, enter amount received from the employer or any other source

\$

Please provide details of the source and what the payment was for.

Are you owed entitlements?

Please fill in the boxes in this section only if you know what entitlements you are owed.

If you are unsure of the conditions of the agreement, award, or contract you were employed under please call Wageline on:

1300 369 945 (QLD)

1300 365 255 (SA)

1300 655 266 (WA)

1300 363 264 (ACT/NSW/NT/VIC)

1300 366 322 (TAS)

34

Number of Weeks

Amount Before Tax

Wages

\$

Commission

\$

Annual leave

\$

Annual leave loading

\$

Payment in lieu of notice

\$

Redundancy

\$

Long service leave

\$

Total owed

\$

If you did receive commission, please indicate how often this payment was made.

35 I am unsure of the entitlements I am owed

Yes

No

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

Changes in employment conditions

36 Have any of your entitlements, such as your wages and/or conditions of employment changed during the last 6 months?

Yes

No

If **No**, go to Question 38.

37 If **Yes**, how?

Other sources of entitlements

Examples of protection schemes include: Australian Construction Industry Redundancy Trust (ACIRT), Mechanical and Electrical Redundancy Trust (MERT).

Please include a copy of your most recent statement.

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

Yes

No

Don't Know

If **No** or **Don't Know**, go to Part E.

39 If **Yes**, which one?

Member/ID number

PART E – Other comments

40 How did you find out about GEERS?

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

41 Have you previously submitted a GEERS claim form?

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

PART F – Privacy statement & declaration (please read carefully before signing)

PRIVACY NOTICE

The Department of Employment and Workplace Relations (DEWR) 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. DEWR also uses the information for statistical research, monitoring and evaluation that may be carried out by it or by external commercial researchers.

DEWR usually discloses all or some of the information provided on this form to the insolvency practitioner who is administering your former employer's affairs; other Commonwealth and State bodies such as Centrelink, the Australian Taxation Office and the Australian Securities and Investments Commission; providers of alternative entitlement protection schemes; and/or an independent GEERS contractor appointed by DEWR to check entitlements.

Agent

Complete this section only if there is someone you wish to authorise as an agent to act on your behalf. Please ensure all areas are completed.

DECLARATION

- 1 The information provided in this 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 and will assist DEWR or its agents to make any enquiry of any relevant individual, organisation, business or government department, in relation to my claim for GEERS assistance.
- 4 Where I have not provided information in relation to my claim for GEERS assistance, I accept and agree that DEWR 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.
- 5 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.
- 6 I certify that any copies I have provided are true copies of the original documents.
- 7 I acknowledge that the giving of false or misleading information is a serious offence.

*Your signature

*Date

DD/MM/YYYY

Agent Details:

Agent's Name

Address

Phone Number

(Area Code)

Agent's signature

Date

DD/MM/YYYY

Your signature

Date

DD/MM/YYYY

