

BERT Claim Form

Please return this completed form to:

Email: claims@bert.com.au | Fax: 07 3832 3799 | Post: BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000



Please mark the applicable claim type (X)

<input type="checkbox"/> Redundancy	<input type="checkbox"/> Leaving the Industry	<input type="checkbox"/> Retirement
<input type="checkbox"/> Financial Hardship	<input type="checkbox"/> Leaving Australia	<input type="checkbox"/> Disability

PERSONAL DETAILS

Surname Mr Mrs Miss Ms

Given name Date of birth

Street address

Suburb State Postcode

Postal address (Write 'AS ABOVE' if same as Street address)

Suburb State Postcode

Telephone Home Mobile

Email address

Tax File Number For Tax Rates refer to notes overleaf

BERT Member No. (if known) Union CFMEU CEPU Union No. (if known)

Last Employer Date Ceased Work

PAYMENT DETAILS

Electronic Funds Transfer (EFT) is the quickest and most effective way to receive your benefit.

1. Please indicate your preferred method of payment for your claim:

EFT Cheque (All cheques will be sent to your above address) (Please proceed to question 2)

To receive payment via EFT, we require a copy of your bank statement which clearly displays the following:

Name of Bank BSB Number -

Account Name Account Number

Please note: If details provided are incomplete, insufficient, illegible or incorrect a cheque will be issued.

2. Please indicate (X) how much of your entitlement you want to claim:

Full Claim (Claim your entire BERT Balance)

Partial Claim (Please indicate the amount you require in hand) Amount Required \$, . (after tax)
(Partial Claim Only) (Please read notes overleaf)

DECLARATION

I authorise my benefit to be paid as instructed on this form.

I declare that to the best of my knowledge all information given on this form is true and correct.

Member to sign here

Date

If you require assistance please call BERT on 1300 261 114. Or email us at claims@bert.com.au

Office use only

Entered By (Initial) Date

Authorised By (Initial) Date

Have you supplied all the required documents?

Please read notes overleaf

Date Effective: 28 June 2017

CLAIM TYPES AND REQUIREMENTS

1. REDUNDANCY

You are eligible for Redundancy if your employer has indicated on your separation certificate any of the below:

- Redundancy
- Shortage of Work
- End of Season or Contract
- Unsuitability for this type of work

Please complete and return the following required documentation:

- Claim form
- *Separation Certificate* issued by your previous employer, and
- Bank statement (for EFT).

2. LEAVING THE BUILDING INDUSTRY

You are eligible if you have not worked in the building industry for 52 weeks and will not be seeking re-employment within the building industry.

Please complete and return the following required documentation:

- Claim form
- Bank statement (for EFT).

3. RETIREMENT

You are eligible if you are age 55 years and you have permanently retired from the workforce.

Please complete and return the following required documentation:

- Claim form
- *Separation Certificate* or letter issued by your employer stating retirement.
- Bank statement (for EFT).

4. DISABILITY

You are eligible if you are suffering a permanent injury or illness that prevents you from working in the building and construction industry.

Please complete and return the following required documentation:

- Claim form
- Separation Certificate issued by your previous employer
- *Medical Certificate* from doctor/specialist stating the nature of your disability and that you are permanently unfit for work in the building industry, and
- Bank statement (for EFT).

5. LEAVING AUSTRALIA

You are eligible if you are leaving Australia permanently to take up residence overseas.

Please complete and return the following required documentation:

- Claim form
- Evidence of living overseas via a one way *airline ticket* or, a *bill or bank statement* with overseas address, and
- Must be an Australian account for EFT payments
- Bank statement (for EFT).

6. FINANCIAL HARDSHIP

The Trustee has sole and total discretion to pay a Financial Hardship claim provided they are satisfied the claim meets the criteria. Payment will be made where a member of the trust is experiencing financial hardship, provided that the financial hardship has not been directly caused by actions taken by the member.

Below are the criteria under which you may submit your financial hardship claim.

- a) **You are still employed with your current BERT Employer; or**
b) **You ceased employment and your employer indicated one of the following on your separation certificate:**

- Unsatisfactory work performance
- Employee ceasing work voluntarily; or
- Other

Please complete and return the following required documentation for (a) and (b):

- Claim form
- A letter stating the unforeseen reason(s) leading you to be in financial hardship & evidence to support the reason, and
- Evidence of hardship – copies of urgent unpaid bills which equal the amount (after tax) you want to claim.
- Bank statement (for EFT); or

- c) **You have been receiving Centrelink benefits for four (4) weeks or more.**

Please complete and return the following required documentation:

- Claim form
- Centrelink Income Statement, dated within 28 days, which states that you have been receiving benefits for four (4) weeks
- Bank statement (for EFT); or

- d) **You have been receiving WorkCover for 26 weeks or more.**

Please complete and return the following required documentation:

- Claim form
- WorkCover letter/documentation confirming that you have been receiving benefits for at least 26 weeks, and
- Bank statement (for EFT).

OTHER CLAIM INFORMATION

TAX FILE NUMBER & TAX RATES

You have the choice of whether or not you quote your Tax File Number.

Current tax rates apply if a TFN is supplied. Please refer to our website for these rates.

If you decide not to quote your number, then tax will be deducted from your benefit at the highest personal tax rate inclusive of the medicare levy.

BENEFIT PAYMENT METHODS

We are able to pay your claim as a cheque or directly into your (not a third party) bank account via Electronic Funds Transfer (EFT). **Please supply bank statement with Name of Bank, BSB, Account Name and Account Number.**

TRANSFER OF BENEFITS

Transfers between eligible redundancy Funds are available upon request and are at the total discretion of the Fund Trustee.

EXTENUATING CIRCUMSTANCES

Your claim may not meet the normal claim requirements as in 1–6 above, however the Trustee may consider your application if extenuating circumstances exist.

If you believe you may be eligible to claim under these circumstances please contact BERT Office on 1300 261 114 to discuss the matter.

BOBB – BERT ONLINE BALANCE & BENEFITS

bobb.bert.com.au

The following information can be accessed online from BOBB:

- ETP download for your tax (anytime)
- Your account balance
- Check Employer Contributions are up to date
- Update personal details

PARTIAL BENEFITS

You may not wish to claim your full benefit. If this is the case please indicate the amount you want in the hand, after tax, in the “Payment Details” section. If there are insufficient funds to pay your requested amount we will pay your total account balance.

FINANCIAL HARDSHIP GUIDELINES

The following reasons will not be accepted as evidence of hardship:

- Dismissal due to misconduct
- RDO / Public Holidays / Reduction in hours

The following forms of bills / evidence will not be accepted as evidence of hardship:

- Sper Fines / infringement notices
- Vet Bills
- Sport / Club Registration
- Wedding / Travel / Holiday related expenses
- Purchase of Investment Property