BERT Claim Form

Please return this completed form to:

Entered By (Initial)

Authorised By (Initial)

Date

Date

Email: claims@bert.com.au | SMS: 0428 483 324 | 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)	ng the Industry
	ng the Industry Retirement (67 years and older)
Financial Hardship Leavi	ng Australia Disability
PERSONAL DETAILS	
Surname	Mr Mrs Miss Ms
Given name	Date of birth DDDMMMYYYYY
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 Ra	tes refer to notes overleaf
BERT Member No. (if known) Union Cl	FMEU CEPU Union No. (if known)
Last Employer	Date Ceased Work DDDMMMYYYYY
Are you actively seeking employment or currently employed	
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	JUE (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 Holder 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 wan	t 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 D D M M Y Y Y Y
If you require assistance please call BERT on 1300 261 114. Or email us at claims@bert.com.au	
Office use only	Have you supplied all the required documents

Have you supplied all the required documents?

Please read notes overleaf



CLAIM TYPES AND REQUIREMENTS

GENUINE REDUNDANCY

You are eligible for Genuine Redundancy if you are under the Age Pension age; and your employer has indicated on your separation certificate any of the below:

- Redundancy
- · Shortage of Work
- · End of Season or Contract

Please complete and return the following required documentation:

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

REDUNDANCY

You are eligible for Redundancy if you are over the Age Pension age; your employer has indicated on your separation certificate unsuitability for this type of work; or you have been promoted to an off tool role.

Please complete and return the following required documentation:

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

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, or a Statutory Declaration; and
- Must be an Australian account for EFT payments
- · Bank statement (for EFT).

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).

RETIREMENT

You are eligible if you are Age Pension age (67 years or older) 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 or a Statutory Declaration.
- . Bank statement (for EFT).

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).

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. Claiming Financial Hardship may not be the best option for you and we may consider alternative ways to assist you.

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 displaying the last 30 days of transactions; or
- 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 displaying the last 30 days of transactions; or
- 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 displaying the last 30 days of transactions.

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.

GENUINE REDUNDANCY CLAIMS

Genuine Redundancy claims are tax free up to the amount allowed by the ATO. Please refer to our website for these amounts.

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.

EXTENUATING CIRCUMSTANCES

Your claim may not meet the normal claim requirements as listed 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:

- Your account balance
- · Check Employer Contributions are up to date
- Update personal details
- · View the progress of your BERT Claim

FINANCIAL HARDSHIP GUIDELINES

Claiming Financial Hardship may not be the best option for you and we may consider alternative ways to assist you.

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