



**YOUR
REDUNDANCY
SAFETY NET**

COVID-19 SPECIAL PAYMENT CLAIM FORM

Section 1 - Payment Type (Tick Option)

I hereby request payment of: First \$5000 claim (After 5 weeks you may apply for a second \$5,000 payment)
 Second \$5000 claim

Section 2 - Member Claim Information (Please refer to reverse for assistance)

ACIRT Number	Date of Birth (dd/mm/yyyy)	Mobile Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member Name			
<input type="text"/>			
Street or Unit Number / PO Box	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			
Please tick this box if you are a Working Holiday Maker Visa Holder <input type="checkbox"/>			
NOTE: A different tax rate may apply if you hold a Working Holiday Maker Visa.			
Signature of Employee		NOTE: If you do not provide evidence of your stand down and a Government issued Photo ID document, the fund will be unable to process your claim.	
<input type="text"/>		NOTE: If you do not provide evidence of your stand down and a Government issued Photo ID document, the fund will be unable to process your claim.	
Date (dd/mm/yyyy)		<input type="text"/>	

Section 3 - No form of paid employment

I confirm that as at the date of the application I am not receiving any form of paid work from my employer, have not been promised any form of paid work for the next two weeks and I am not on paid leave.

Section 4 - Tax File Number to be completed by the employee

Tax File Number	<input type="text"/>	NOTE: Failure to provide your tax file number will result in the Fund Administration deducting the highest marginal tax rate.
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Section 5 - Bank Details (COVID-19 Special Payments will only be made by EFT)

6 Digit Branch BSB Number	Account Number
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	
Bank / Building Society / ETC Name	
<input type="text"/>	
Branch / Suburb	
<input type="text"/>	

Please refer to the reverse side for information on how to complete this form.
When completing this form, please use **black** pen and print in CAPITAL letters

Information to assist members in completing the COVID-19 Special Payment claim form

1. COVID-19 Special Payment

You are entitled to a COVID-19 Special Payment from the amount paid into the Trust by employers on your behalf up to the amount standing to the credit of your account, up to a maximum of \$5,000 (whichever is the greater). After 5 weeks you may apply for a second \$5,000 payment.

2. Your entitlement

We can only pay you what we have received from your employer (s), which may not be what you are entitled to under the relevant award or appropriate enterprise agreement. If you believe that your employer has not paid your correct entitlement into the trust, you need to contact the employer(s) and claim the difference.

3. Taxation

We are required by law to deduct tax from your benefit when you claim it. Tax will be deducted at a flat rate of 32%.

4. Approved Payment (No Double Dipping)

I acknowledge that any payment is made in advance of and on account of that amount of Redundancy Payment that may otherwise be payable under the trust deed when I am made Redundant and where the Employer has an obligation to pay me Redundancy pay, any payment made to me as a result of this application is to be applied in reduction of the amount payable by the Employer for the same period of service. I consent to a copy of this form being provided to my employer.

5. Your right to privacy

ACIRT will only collect your personal information for the "primary purpose" of establishing and maintaining your Redundancy Account. We may at times collect your personal information directly from your employer. ACIRT will not misuse or change your personal information without your knowledge. Please call 1800 060 467 or visit our website www.acirt.com.au for a copy of our Privacy Policy.

Filling in the Form

Payment of a COVID-19 Special Payment is at the absolute discretion of the Trustee. Claims must be received no later than 31 December 2020.

To submit a Benefit Claim, a copy of a Government issued Photo ID must be provided.

It is important that this Information is the same as the information we have on our system about you. If it is not, you may be required to provide a certified copy of a document, such as a driver's licence, that identifies you.

If you are unable to supply your Tax File Number, you can authorise the administrator to obtain this information from your employer.

One of the following documents must also be provided along with a completed claim form before payment can be made:

- Copy of a letter from your employer stating that you have been stood down without any form of paid work and are not on paid leave; or
- Statutory Declaration as to circumstances including why you are unable to obtain a statement from your employer

Eligibility

To be able to claim your COVID-19 Special Payment, you will have to confirm that as at the date of the application you are not receiving any paid work from your current employer, have not been promised any paid work for the next two weeks, and are not on paid leave. Like any normal claim, we will require confirmation from your employer that you have been stood down.

ACIRT Administration

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