

Member Application for Reimbursement of Entitlement

ALL Sections must be completed.							
Long Service Leave:	Partial Full Entitlement	Employment Status:	Permanent Sub-contractor				
Reason:	LSL Taken - leave period from _ Retirement - effective from Termination/Resignation - effect Death - Application for Paymen		(inclusive)				

MEMBER DETAILS

SEET Member Number:				
Name of Member:				
Address:				
Suburb:	Sta	ate:	Postcode:	
email Address:				
Date of Birth:				
Phone Number:				
Mobile Number:				
Tax File Number (TFN):	You are not required to provide your TFN. If you do not to provide your TFN tax will be deducted from your entitlement at the highest tax rate plus the Medicare levy.			
Signature and Date:	x			

CURRENT SEET EMPLOYER DETAILS

Name of Employer:		
SEET Employer Number:		
Name of Authorised Signatory:		
Signature and Date:	x	

Attention Employers: By signing this form you acknowledge that you are aware that the member is making a claim from SEET directly and that you will not seek reimbursement for this claim.

DETAILS OF PAYMENT

Start Date of Member:		
Account Balance (if known):	for Partial Claim, Amount being claimed before tax*:	
Account Holder's Name:	·	·
BSB:	Account Number:	

* Maximum is Account Balance less 1% administration fee which your available funds, i.e. if Full Entitlement being claimed - leave blank.

165 Bouverie Street, Carlton Vic 3053 - PO Box 666, Carlton Vic 3053 - mail@seet.com.au