

**FUND ADMINISTRATION  
BOOKLET**  
[www.bert.com.au](http://www.bert.com.au)



**B.E.R.T.  
BUILDING EMPLOYEES  
REDUNDANCY TRUST**



**B.E.W.T.  
BUILDING EMPLOYEES  
WELFARE TRUST**

*Providing redundancy benefits  
for workers in the building and  
construction industry*

**PLEASE KEEP FOR REFERENCE**



## Employer Checklist

### What you should do

1. Where you have established that you have an obligation to participate, you should:
  - (a) Complete and sign the Deeds of Adherence enclosed or download from [www.bert.com.au](http://www.bert.com.au)
  - (b) Complete the Contribution Advices enclosed or download from [www.bert.com.au](http://www.bert.com.au)
  - (c) Return the Deeds of Adherence and Contribution Advices with your payment to Superpartners

2. Employers are required to pay contributions in accordance with the Deed covering B.E.R.T. All eligible workers, whether full-time, part-time or casual are entitled to receive contributions.

**Contributions must be maintained for all workers once commenced, whether they are on EBA sites, other commercial sites, or domestic sites, including when a worker is on approved leave. Contributions must be maintained while an employee is in your employment.**

3. The participating employer agrees to advise employees that it will disclose to B.E.R.T. personal information necessary to administer their membership of the Fund.
4. Monthly payments are due on the last working day of the month the employer receives the Contribution Advice. (Not the 14<sup>th</sup> day of the next month).

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## INTRODUCTION

The Building Employees Redundancy Trust (B.E.R.T.) was established in 1989 to provide redundancy benefits and training grants for employees in the Queensland building and construction industry.

In 1996 a new trust, the B.E.R.T. Fund, was established to cater for the new benefits introduced by B.E.R.T. including the Welfare Fund.

The B.E.R.T. Fund has the full support of the major employer associations and building unions in the Queensland building and construction industry. The benefits paid from the Fund help provide members and their families with financial assistance in the event of ceasing employment because of redundancy, or relief from financial burdens in the event of a members death or disability.

The benefits result from the accumulation of contributions paid by the employers and the earnings on the investments of the Funds. The Funds are distributed in accordance with the provisions of the relevant Trust Deeds, and are also applied to meet the administrative and management costs of the Funds.

In 2004 an additional trust, the B.E.R.T. Fund No. 2, was established for the purposes of complying with the Fringe Benefits Tax Assessment Act 1986 (Cth) as an approved worker entitlement fund. B.E.W.T. was also established.

This administration booklet has been designed to advise employers on how the B.E.R.T. and B.E.W.T. Funds operate and sets out basic provisions as they currently stand.

The guide is not a substitute for the Trust Deeds which are the legal documents governing the Funds. Participating employers will be advised of any alterations made to the Trust Deeds.

The Funds are an example of employers and employees working together.

The information contained in this booklet is correct at July 2006. If you require further information please contact B.E.R.T. Administration on 1300 366 408, or the B.E.R.T. staff on (07) 3832 9711.

Terry McIntyre  
Chairperson

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## **MAJOR FEATURES OF B.E.R.T. and B.E.W.T.**

### **Rules of the Funds**

B.E.R.T. and B.E.W.T. have rules that state how benefits can be paid to workers. These rules are set out in a legal document called a Trust Deed. If you wish to obtain a copy of the rules of B.E.R.T. and B.E.W.T. contact the staff of B.E.R.T. (refer page 14 - contact details).

### **Management of the Funds**

Building Employees Redundancy Trust and Building Employees Welfare Trust have an equal number of employer and worker representative Directors nominated by the Queensland Major Contractors Association and building unions representing the workers (refer page 13 - Directors).

### **Administration of the Funds**

The day-to-day administration of B.E.R.T. and B.E.W.T. is carried out by Superpartners Pty Ltd. In addition, the Funds have appointed a General Manager / Secretary and staff to handle enquiries regarding non-administrative matters.

Superpartners role includes the day-to-day administration of the Funds, processing of contribution advices, reporting to workers, payment of benefits, answering administrative queries from workers and employers, maintaining the Funds accounts and ensuring the Funds operate in accordance with their rules.

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## HOW AN EMPLOYER PARTICIPATES IN B.E.R.T. and B.E.W.T.

### Eligibility

Any employer who has eligible workers engaged in the Queensland building and construction industry can participate in B.E.R.T. and B.E.W.T. Employers contribute to both B.E.R.T. and B.E.W.T.

### Deeds of Adherence

An employer must complete and sign the Deeds of Adherence forms to register as a participating employer for B.E.R.T. and B.E.W.T.

If you have not already completed the Deeds, please complete the Deeds of Adherence enclosed in the forms section of this booklet.

Please ensure you follow the steps below when completing the Deeds of Adherence:

- (1) Ensure the details on the front and back pages are complete including the employers name, trading name, address and effective date that contributions to B.E.R.T. and B.E.W.T. will commence.
- (2) Indicate the payday that the number of contribution weeks each month will be based on e.g. weekly each Thursday or Tuesday, etc. The computer system that produces the Contribution Advice form will be altered to match your pay periods.
- (3) Ensure that the contact details on the Deeds of Adherence forms are complete. The address that is entered is the address to which all correspondence will be sent.
- (4) Sign the back of the Deeds of Adherence as either:
  - A company
  - A sole proprietor with workers, or
  - A partnership

The Deeds of Adherence are a legal document binding the employer to the provisions of the rules governing B.E.R.T. and B.E.W.T. The employer is legally required to make monthly contribution payments to the Funds for each of its eligible workers.

**Contributions must be maintained for all workers once commenced whether they are on EBA sites, other commercial sites, or domestic sites, including when a worker is on approved leave. Contributions must be maintained while an employee is in your employment.**

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Contribution payments are to commence from the “Date of Effect” noted on the Deeds of Adherence or the date of the industrial agreement.

*All details, including the “Contact” section, must be completed otherwise the Deeds may be rejected.*

## **ELIGIBILITY FOR B.E.R.T. and B.E.W.T.**

### **Workers eligible to participate in B.E.R.T. and B.E.W.T.**

Anyone who works for an employer that has agreed to contribute to the Funds and is engaged in the following sectors of the building and construction industry:

- Industrial, commercial or residential construction;
- Civil engineering construction; and
- Mechanical engineering construction;

and includes all services and maintenance associated or connected with or incidental to any of those forms of construction and also includes each and every one of those sectors or allied industries whether work is performed on-site or off-site.

### **Employer responsibility**

It is the responsibility of employers to pay contributions on behalf of their workers after the employer has **signed the Deeds of Adherence** and the **Member Applications have been completed and sent to Superpartners.**

The worker is covered by the Fund when his / her employer enters the workers name and details on the Contribution Advice and pays contributions on behalf of the worker to Superpartners. Payment is due and payable on the last working day of the month you receive your contribution return.

### **Member Application Form**

It is the responsibility of employers to arrange for eligible employees to complete a Member Application form to join the B.E.R.T. Fund. Employers should contact B.E.R.T. if there is any uncertainty about whether or not an employee is currently a member of the Fund.

The Member Application form is attached or visit [www.bert.com.au](http://www.bert.com.au).

Employees should complete only one Member Application form while in the industry. There is no need to complete another application if the employee changes employers within the Queensland building and construction industry or receives a benefit payment. Please refer to their B.E.R.T. membership card for their number.

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However, if an employee has previously left the industry or the Fund, he / she will need to complete a new Member Application Form.

Completed Member Application Forms are to be sent by the employer to B.E.R.T. Administration, PO Box 329, Spring Hill, QLD, 4004.

***The Trustee will not accept any Member Application Forms that are not personally signed by the employee.***

### **Benefits for workers**

The Fund provides the following benefits to workers:

- Redundancy payments
- Industry benefits

### **Welcome Letter**

A welcome letter and membership card will be issued to the worker shortly after a Contribution Advice containing the workers name, address and date of birth is received and processed by Superpartners. The membership card indicates the workers membership number, and this number should be used whilst the worker remains a member of the B.E.R.T. Fund.

## **CONTRIBUTION RATE**

### **Contributions payable to B.E.R.T. and B.E.W.T.**

Employers are required to pay contributions in accordance with the Trust Deeds covering B.E.R.T. and B.E.W.T. All eligible workers, whether full-time, part-time or casual, are entitled to receive contributions.

Contributions must be maintained for all workers once commenced, whether they are on EBA sites, other commercial sites, or domestic sites, including when a worker is on approved leave. Contributions must be maintained while an employee is in your employment.

Contributions to the Fund are as follows for each week of continuous service:

\$59.95 per employee effective 1<sup>st</sup> February 2006

\$64.35 per employee effective 2<sup>nd</sup> July 2007

### **Contributions based on an equivalent daily rate are not permitted.**

Employers are required to contribute to B.E.W.T. in accordance with the Trust Deed and industrial agreements covering the Queensland building and construction industry. Contributions to BEWT are calculated as 1/11<sup>th</sup> of the employers monthly contribution to B.E.R.T. including any monies paid into BUSS(Q) as a B.E.R.T. redirection.

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Eg.	B.E.R.T. monthly contribution	\$239.80	per employee (4 week month)
	B.E.W.T. monthly contribution	\$ 21.80	per employee (4 week month)

### Apprentice Contributions

The rate of contribution payable by employers is:

		1st February 2006	2nd July 2007
40%	1st year	\$24.00	\$25.75
55%	2nd year	\$32.95	\$35.40
75%	3rd year	\$44.95	\$48.25
90%	4th year	\$53.95	\$57.90

### PAYMENT OF CONTRIBUTIONS

Employers may make their monthly contributions by electronic Contribution Advice or by completion of a hard copy Contribution Advice.

#### Completing Hard Copy Contributions

Before the end of each month employers will receive a Contribution Advice form from Superpartners. These forms are used to make payments to B.E.R.T. and B.E.W.T. - Refer to the Contribution Advice attached.

A report from a computerised payroll can be used provided it contains all of the information required by Superpartners.

When completing the Contribution Advice, please note that:

- The B.E.R.T. Contribution Advice lists the workers you are paying for that month.
- The rules of B.E.R.T. and B.E.W.T. require employers to contribute to the Fund for all eligible employees.
- Monthly payments are due on the last working day of the month the employer receives the Contribution Advice. **(Not the 14<sup>th</sup> day of the next month).**
- The employer should add any new worker to the B.E.R.T. Contribution Advice and delete any worker that has been terminated or resigned.

Workers who have been terminated will not be listed if advice has been given to the Administrator on a previous Contribution Advice form by the last working day of the month when payment is due. Those workers listed who have not been marked as terminated and received no contribution payment, will continue to appear on the next three months contribution advices or until the worker is indicated as terminated.

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**Update the Contribution Advice by making the following adjustments:**

- Cross off names of workers on the Contribution Advice who have been terminated or resigned and have not been engaged at any time during the month
- Advise the termination date of the workers who have been terminated or resigned
- Add the details of any new workers (membership number, name, date of birth, number of weeks employed and their starting date)
- If the printed information on any worker is incomplete, add the missing information
- Amend any amount in the Weeks (WKS) column if the worker did not work all weeks covered by the Contribution Advice.
- It is essential that you specify the dates an employee works in the payment period - eg 06/02/2006 to 20/02/2006 = 2 weeks, or 20/02/2006 to 27/02/2006 = 1 week.
- Any payment less than the agreed contribution rate may result in your employees not being paid benefits.
- Please advise your employees that you have made contributions on their behalf.

**PLEASE NOTE:**

- Total each page
- Contributions are to be paid by the participating employer for eligible workers while they are in your employment including, while on annual leave, sick leave, bereavement leave, jury leave, long service leave, leave without pay, WorkCover and whilst receiving CIPQ benefits.

A copy of the advice form is to be kept for the employers record.

**IMPORTANT:**

- Employers must complete a Contribution Advice every month and send it to Superpartners. Where there are no workers for the period covered, a NIL return is to be completed
- Refer to the back page of the Contribution Advice for additional instructions on completion of the form
- Separate cheques are required to be made payable to B.E.R.T. and B.E.W.T.

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### **Supersite (Electronic)**

Supersite allows you to lodge your Contribution Advice and access your records via the internet. Payment of your contributions is by Direct Debit, EFT, BPay, or POSTbillpay. For further details contact B.E.R.T. Administration.

### **NON-PAYMENT OF CONTRIBUTIONS**

The Directors are obliged to take legal action to recover any contributions not paid by an employer. The rules governing the operation of the Funds permit the Directors to charge employers an interest penalty if payment is not made on time.

#### **Contributions from your employer**

Where the employer is a contributing member of the Fund (all workers employed 'on-site'), whether full-time, part-time or casual are entitled to receive contributions.

#### **Member personal contributions**

There is no provision to make your own voluntary contributions to the Fund.

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## BENEFITS FOR MEMBERS

The B.E.R.T. Fund provides redundancy benefits.

There are certain provisions that must be met before benefits can be paid. The following outlines the principal provision that applies to each benefit:

### ***Redundancy***

The benefit Claim Form must be **lodged within 56 days** of being made redundant together with your separation certificate.

### ***Leaving the industry***

The member must not have worked in the Queensland building and construction industry for the **past 52 weeks** and is not seeking re-employment in the industry.

### ***Retirement***

The member must be **over age 55** and permanently retired from the workforce.

### ***Financial hardship***

The member must have left the Queensland building and construction industry, suffering severe financial hardship and be unemployed for a period of 4 weeks, and provide a copy of Centrelink payments or a statutory Declaration. All claims are paid at the **discretion** of the Trustee.

### ***Leaving Australia***

The member must be leaving Australia to take up permanent residence overseas.

### ***Disability***

The member must be suffering a permanent injury or illness that prevents him / her from working in the building and construction industry.

All benefits are calculated by the B.E.R.T. Administrator, and normally paid within 7 days after the completed Claim Form is received.

Payment of benefits in the event of death and disability depends on the availability of documents such as Wills, Birth and Death certificates and Medical reports. **Delays can be expected if the Claim Form is incomplete or documentation is missing (including Statutory Declaration if requested and separation / termination certificate).**

A Benefit Claim Form needs to be completed and signed by the member (or the members legal representative in the event of death) before a benefit can be paid.

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## **COMMUNICATION**

### **Statement to employers**

Shortly after 30 June each year, the Funds will send all participating employers a Record of Contributions paid during the previous twelve months.

### **Statement to members**

Statements are posted to members twice a year, for the six months to 31 December, and for the six months to 30 June.

The statements provide details to members of the months for which contributions were made by the employer and the dates those contributions were received.

### **Changes to information**

It is critical that the Funds are advised of any changes in an employers address, business name, nature of business or contact details. Notification of any change can be made on the Contribution Advice or by a letter to Superpartners.

It is also critical that the Funds are advised of any changes in circumstances that may affect the payment of any benefits to members.

An incorrect or outdated address can prevent members from receiving their statements and other information about their membership. Therefore, it is important that employers ensure that their workers address is always current.

Contact BERT Administration or visit our website [www.bert.com.au](http://www.bert.com.au) for a Change of Member Details form. The form can be used to advise a change of address or name.

If the members name has changed, a copy of a marriage certificate, deed poll or Statutory Declaration must be attached to the notification form which is to be returned to Superpartners.

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## **SERVICE PROVIDERS**

Administrator: Superpartners Pty Ltd

General Manager: Bill Wallace

Fund Co-ordinator: Bill Perrett

Any employer who requires additional information or has a question about any aspect of the B.E.R.T. and B.E.W.T. Funds should contact the Fund Administrator, or the Funds Co-ordinator, Bill Perrett.

## **DIRECTORS**

The Board consists of employee and employer representative Directors nominated by the participating employer associations and employee unions.

### **Employee Representatives:**

TERRY MCINTYRE (Chairperson)  
Australian Building Construction Employees and Builders Labourers Federation  
(QLD Branch)

JORGEN GULLESTRUP  
Queensland Branch of CEPU-Plumbing Division

WALLY TROHEAR  
Construction, Forestry, Mining and Energy Union-Queensland

### **Employer Representatives:**

CHRIS STANLEY  
John Holland Construction & Engineering Pty Ltd

ALLAN ROBERTSON  
Westfield Design and Construction

GARRY BICKERDIKE  
Pradella Constructions

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## CONTACT DETAILS



Address: Level 11, 120 Edward Street,  
Brisbane, Queensland  
Postal: PO Box 329, Spring Hill QLD 4004  
Telephone: 1300 366 408  
Facsimile: (07) 3210 0088  
Email: [bert@superpartners.com.au](mailto:bert@superpartners.com.au)

### **Fund Co-ordinator - Bill Perrett**

Address: Level 6, 101 Wickham Terrace  
Spring Hill, Queensland  
Postal: PO Box 329, Spring Hill QLD 4004  
Telephone: (07) 3832 8610  
Mobile: 0419 020 877  
Facsimile: (07) 3832 3799  
Email: [bperrett@bert.com.au](mailto:bperrett@bert.com.au)

### **General Manager / Secretary - Bill Wallace**

Address: Level 6, 101 Wickham Terrace  
Spring Hill, Queensland  
Postal: PO Box 329, Spring Hill QLD 4004  
Telephone: (07) 3832 7199  
Mobile: 0408 732 328  
Facsimile: (07) 3832 3799  
Email: [wwallace@bert.com.au](mailto:wwallace@bert.com.au)

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# EMPLOYER FORMS



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## DEED OF ADHERENCE

THIS DEED is made the ..... day of ..... 20 ... (Date Signed)

<b>Employer Name (Company, Sole Proprietor or Partners in a Partnership): ABN .....</b>		
<input type="text"/>		
<b>Trading under the name of ("Known as" name)</b>		
<input type="text"/>		
<b>Address:</b>		
<input type="text"/>		
<input type="text"/>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(hereinafter called "the employer") of the one part and BERT Pty Limited ABN 82 010 917 281 a company incorporated in the state of Queensland, having its registered office at level 11, 120 Edward Street, Brisbane Queensland in the said state (hereinafter called "the trustee") of the other part.

**WHEREAS** the Trustee is the trustee of the B.E.R.T. Fund No. 2 ("the fund") under the Deed which governs the Fund ("the Trust Deed") and the Employer desires to become an Employer within the meaning of the Trust Deed.

"The Employer covenants with effect from ..... day of ..... 20 ..... that it is bound by the Trust Deed as an Employer within the meaning of the Trust Deed and that it will observe and perform all obligations imposed upon it in that capacity and will pay in respect of each employee who is a member of the Fund contributions at the rate from time to time stipulated by the Trustee in accordance with the terms of the Trust Deed".

The Participating Employer agrees to advise employees that will disclose to the Fund personal information necessary to administer their membership of the Fund.

**ALL DETAILS MUST BE COMPLETED OR YOUR DEED WILL BE REJECTED**

This Deed is to be used if you are a new participating employer after 1st April 2004

B.E.R.T. Fund No. 2 ABN 19 269 091 436

IN WITNESS WHEREOF this deed has been executed the day and year first hereinbefore written.

<p><b>COMPANY TO EXECUTE HERE</b> <b>THE COMMON SEAL of</b> .....</p> <p>..... was hereunto affixed in accordance with its Articles of Association in the presence of:</p> <p>..... (Director) <i>Signature</i></p> <p>..... <i>Signature</i></p>	<p><b>COMPANY TO EXECUTE HERE</b></p>
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<p><b>SOLE PROPRIETOR TO EXECUTE HERE</b> <b>SIGNED SEALED AND DELIVERED</b> by the said</p> <p>..... <i>Print given and family name</i></p> <p>was hereunto affixed in the presence of:</p> <p>..... <i>Signature of Witness</i></p>	<p><b>SOLE EXECUTER TO EXECUTE HERE</b></p>
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<p><b>PARTNERS TO EXECUTE HERE</b> <b>SIGNED SEALED AND DELIVERED</b> by the Partners hereinbefore referred in the presence of</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>..... <i>Partner</i> ..... <i>Witness</i></p>
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<b>CONTACT DETAILS (e.g. Pay Office)</b>			
<b>Occupation Title</b>			
<input type="text"/>			
<b>Mr / Mrs / Miss / Ms</b>	<b>Given Names</b>		
<input type="text"/>	<input type="text"/>		
<b>Family Name</b>			
<input type="text"/>			
<b>Business Address</b>			
<input type="text"/>			
<input type="text"/>			
<b>State or Territory</b>	<b>Postcode</b>	<b>STD Area Code</b>	<b>Telephone No.</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email</b>			
<input type="text"/>			
<b>Next Pay Day (e.g. Friday)</b>	<b>Day</b>	<b>Month</b>	<b>Pay Period (e.g. Weekly, Fortnightly, Monthly)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## DEED OF ADHERENCE

THIS DEED is made the ..... day of ..... 20 ... (Date Signed)

<b>Employer Name (Company, Sole Proprietor or Partners in a Partnership): ABN .....</b>		
<input type="text"/>		
<b>Trading under the name of ("Known as" name)</b>		
<input type="text"/>		
<b>Address:</b>		
<input type="text"/>		
<input type="text"/>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

"The Employer" of the one part and BERT Pty Limited ABN 82 010 917 281 and its successors in office of 11/120 Edward Street, Brisbane Queensland ("the Trustee") of the other part.

WHEREAS the Trustee is the trustee of the B.E.W.T. Trust ("the Trust") under the Deed which governs the Trust ("the Trust Deed") and the Employer desires to become an employer within the meaning of the Trust Deed.

"The Employer covenants with effect from ..... day of ..... 20 ..... that it is bound by the Trust Deed as an Employer within the meaning of the Trust Deed and that it will observe and perform all obligations imposed upon it in that capacity and will pay in respect of each employee contributions at the rate from time to time stipulated by the Trustee in accordance with the terms of the Trust Deed."

The Participating Employer agrees to advise employees that it will disclose to the Trust personal information necessary to administer the contributions to the Trust.

# BEWT





## **GUIDANCE FOR COMPLETION OF YOUR RETURN**

### **1. MEMBERSHIP DETAILS**

The computer has listed employees for whom contributions were made in your last payment processed, together with members who recently completed an application indicating your company as the employer.

Please complete any missing detail or correct any details which are shown incorrectly.

### **2. NEW EMPLOYEES WHO ARE NOT MEMBERS**

If any new employee has joined the Fund in the last month, list their member number, full name, address and date of birth together with the payment details, on this return. Please also attach his / her membership application form. In accordance with privacy laws, employees should be made aware that this information will be passed to the Fund.

### **3. NEW EMPLOYEES WHO ARE EXISTING MEMBERS**

If your new employee is already a member of the Fund, ask him / her to show you their membership card or acknowledgement letter. List their member number, full name, address and date of birth from the card, together with the payment details, on this return in accordance with privacy laws, employees should be made aware that this information will be passed to the Fund.

### **4. DELETING MEMBERSHIP / LAST PAYMENT FOR MEMBERS**

If any of the employees listed did not work for you in the last payment month please cross out the information or if the employee is receiving their last payment, advise the date of termination.

### **5. PAYMENT DETAILS**

Weeks relates to the number of weeks (or part weeks) the employee worked for you during the month. Weeks are calculated by the number of Fridays or your designated payday in the month.

If you are contributing as a result of an industrial Agreement / Award decisions agreed Contributions will be the amount determined by the Agreement Award from time to time.

### **6. PAYMENT OF CONTRIBUTIONS**

1. Payments are due on the last day of the payment month.
2. Please make your cheque payable to the name of the Fund shown on the front of this return and post your cheque with the original of this return to the administrators.

X Please attach cheque here



**Important Information**

To ensure our records are correct, please supply the following information

- Payroll persons name
- Title
- Phone number
- Email address
- Fax number

Please correct and add the details at the bottom of this return or attach these details with this contribution return. Thanks for your assistance

**Building Employees Welfare Trust - Employer Contribution Advice**

<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 10px;"></div> <p style="text-align: center;">↑ <b>Insert B.E.R.T.</b> amount paid including Arrears</p>	÷	<b>11</b>	=	<p style="text-align: right;"><i>Amount Payable</i></p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 10px;"></div> <p style="text-align: right;">↑ <b>Calculate B.E.W.T.</b> payment amount</p>
<p><b>Total</b></p> <ul style="list-style-type: none"><li>• Payments are due on the last working day of the month.</li><li>• Please send payment to B.E.W.T. at the address on the back of this advice.</li><li>• Please send separate cheques for B.E.R.T. &amp; B.E.W.T.</li><li>• <b>PLEASE MAKE CHEQUES PAYABLE TO B.E.W.T.</b></li></ul>				

Please see over for further information.

<b>Payment Period</b>
<b>OFFICE USE ONLY</b>
<b>EMPLOYER</b> Number:  Tel:  Date Issued:

## **GUIDANCE FOR COMPLETION OF YOUR RETURN**

### **1. PAYMENT OF CONTRIBUTIONS**

- 1. Payments are due on the last day of the month (you receive your account).**
2. Please make your cheque payable to B.E.W.T. Pty Ltd and return it to the B.E.W.T. Administrator Superpartners, PO Box 329, SPRING HILL, QLD 4004

### **2. HOW TO COMPLETE THE RETURN**

1. Insert in the boxes provided your total B.E.R.T. amount, and then divide by 11 to give you your B.E.W.T. contribution amount.
2. Your B.E.W.T. contribution amount is to be inserted in the calculation box.

### **3. YOUR DETAILS**

If any of your details on the front of the contribution advice are incorrect, please make the changes to the front and post back with your payment.

### **4. NIL CONTRIBUTIONS**

If you do not have any eligible employees that you are making contributions to BERT for in a particular month, please mark NIL in this amount payable section and return to B.E.W.T. Administration.



## APPLICATION FOR EFT PAYMENTS

### Fund details

Fund: The BERT Fund  
Administration unit: The QLD Branch

### Employer details

Please help us to provide an improved service by amending any details which are incorrect or missing.

Employer number: \_\_\_\_\_

Employer name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Employer address: \_\_\_\_\_

\_\_\_\_\_

Employer phone number: \_\_\_\_\_

Employer fax number: \_\_\_\_\_

### Employer bank account details

Please complete to enable us to track down delayed or missing payments.

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

\_\_\_\_\_

Bank account name: \_\_\_\_\_

Bank BSB code: \_\_\_\_\_

Bank account number: \_\_\_\_\_

### Terms and conditions of use

By completing the employer authorisation section below, you agree to the following:

- You will use your BERT Fund employer number each time you make a contribution payment directly into the BERT Fund bank account via EFT.
- You will only use the BERT Fund bank account to make EFT payments into.

### Employer authorisation

Please complete.

Applicant's name: \_\_\_\_\_

Applicant's title: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date of application: \_\_\_\_\_

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## APPLICATION FOR EFT PAYMENTS

### Fund details

Fund: The BEWT Fund  
Administration unit: The QLD Branch

### Employer details

Please help us to provide an improved service by amending any details which are incorrect or missing.

Employer number: \_\_\_\_\_

Employer name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

Employer fax number: \_\_\_\_\_

### Employer bank account details

Please complete to enable us to track down delayed or missing payments.

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Bank account name: \_\_\_\_\_

Bank BSB code: \_\_\_\_\_

Bank account number: \_\_\_\_\_

### Terms and conditions of use

By completing the employer authorisation section below, you agree to the following:

- You will use your BEWT Fund employer number each time you make a contribution payment directly into the BEWT Fund bank account via EFT.
- You will only use the BEWT Fund bank account to make EFT payments into.

### Employer authorisation

Please complete.

Applicant's name: \_\_\_\_\_

Applicant's title: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date of application: \_\_\_\_\_

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# SuperSite Registration and Payment Authorisation for employers

## 1. Business details

BERT Employer Number

If you currently participate in the Fund, please provide your employer number to ensure correct identification

Business Name

Company Name (Use full company name and not abbreviations)

ABN/ACN

Registered address

State

## 2. Contact details

Postal address (if different from above)

State

## Contact Names for enquiries

Primary Contact

Name

Position

Telephone

Facsimile

Mobile

Email

Secondary Contact

Name

Position

Telephone

Facsimile

Mobile

Email

## 3. Contribution payment methods - your options

After submitting your SuperSite Contribution Advice on the internet, you can choose from one of four flexible payment options. If you select BPAY or POSTbillpay, there is no need to complete any additional forms.

**BPAY** - make contribution payments through your financial institution, either via their website or their phone banking service, using your preferred bank account, excluding credit cards;

**POSTbillpay** - contribution payments can be made through Australia Post, via their website, over the phone or at your local Australia Post branch using cash, cheque or you EFTPOS card for your preferred account, excluding credit cards;

**Direct Debit** - submit your completed Contribution Advice, and it will automatically trigger the correct deduction from your bank account; or

**EFT** - after registering, you can transfer the contribution electronically from your nominated account directly into the Fund's account.

Payment options, BPAY and POSTbillpay are automatically available when your SuperSite registration is processed.

If you wish to make Direct Debit or EFT, you will need to request and complete an application for Direct Debit or EFT. You can register for these at any time by contacting our Fund Administrator for the necessary forms.

Please tick the appropriate box if you have attached a Direct Debit or EFT application to this registration.

Direct Debit

EFT

#### 4. Password

For your added security, we ask that you nominate a password of up to ten letters for identification purposes. You will need to quote your password to our Customer Service Operator when making telephone requests about your contribution advice or payments. Please record this password, as we will not confirm it in writing.

Password

#### 5. Reminders

We may send you an e-mail reminder to advise that your Contribution Advice is due.

#### 6. Authorisation

Signature

Date

Name (please print)

Company Positions

**Please return this completed Application to:**

**BERT Administration  
PO Box 329  
SPRING HILL QLD 4004**

**11th Level  
120 Edward Street  
BRISBANE QLD 4000**

**Phone: 1300 366 408  
Fax: (07) 3210 0088  
Web: [www.bert.com.au](http://www.bert.com.au)**

# EMPLOYEE FORMS



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# Membership Application Form

Including Summary of Benefits and Conditions



## **B.E.R.T. BUILDING EMPLOYEES REDUNDANCY TRUST –**

*Providing redundancy benefits  
for workers in the building and  
construction industry in Queensland.*

**PLEASE KEEP FOR REFERENCE**



## SUMMARY OF BENEFITS AND CONDITIONS

This is a summary of the rules relating to B.E.R.T Fund No. 2. It is not a substitute for the Trust Deed which is the legal document governing the Fund. You can ask questions about the Trust Deed or obtain a copy by ringing the B.E.R.T. No. 2 Fund Administrator, Superpartners Pty Ltd. During your membership of the Funds you will be advised of any alterations made to the deed.

### WHAT IS B.E.R.T. FUND No. 2?

The B.E.R.T Fund No. 2 accepts contributions from 1 April 2004 as an approved worker entitlement fund. No further payments will be accepted into the original B.E.R.T. Fund from that date. You will become a member of the B.E.R.T. Fund No. 2.

The Fund has the full support of major unions and employer associations operating in the Queensland building and construction industry

#### Trustee

B.E.R.T Pty Limited, A.B.N. 82 010 917 281, is the Trustee of B.E.R.T.Fund No 2.

The Trustee company has six Directors who have been nominated by the participating employer association and employee unions.

Surplus income from the B.E.R.T. Fund No. 2 is allocated in accordance with the Trust Deed.

### NEW MEMBERS

#### Who is eligible to become a member?

Anyone who works for an employer that has agreed to contribute to the Funds and is engaged in the following sectors of the building and construction industry:

- Industrial, commercial or residential construction;
- Civil engineering construction; and
- Mechanical engineering construction;

and includes all services and maintenance associated or connected with or incidental to any of those forms of construction and also includes each and every one of those sectors or allied industries whether work is performed on-site or off-site.

Members who joined the B.E.R.T. Fund prior to 1 April 2004 will remain members of the original Fund until they claim their benefit and exit the Fund.

#### How do you become a member?

You complete and sign the "Member Application Form" attached to this summary. Return the completed form to your employer for forwarding to the B.E.R.T. Fund No. 2 Administrator.

Retain this summary. It provides answers to many of the questions you may have about the Funds.

Only complete one application form while in the industry.

There is no need to complete another application form if you change to another employer who contributes to the Funds or if you receive a redundancy benefit from the Funds.

### YOUR ACCOUNT

#### What happens when you join B.E.R.T. Fund No. 2?

Each member has an individual account in the Fund. Your "Member's Account" consists of contributions paid by your employer(s).

The Administrator will send you a welcome letter and a membership card shortly after your application form is processed.

### YOUR ACCOUNT continued

This card will include your B.E.R.T. Fund No. 2 membership number. You should quote your number when you make enquiries about the Fund.

When you receive your membership card, please check that your personal details are correct and advise the B.E.R.T. Fund No. 2 Administrator, Superpartners, if they are not.

#### What if you change jobs within the industry?

If you move to another employer who contributes to the Funds all you need to do is give your new employer your B.E.R.T. Fund No. 2 membership number.

### CONTRIBUTIONS TO THE FUND

#### Contributions from your employer

All workers employed 'on-site' where the employer is a contributing member of the Fund, whether full-time, part-time or casual are entitled to receive contributions from their employer if the employer has agreed to contribute to the Fund.

The rate of contribution payable by employers:

ADULT WORKERS	APPRENTICES	
\$59.95 per week	\$24.00 per week	1st year
	\$32.95 per week	2nd year
	\$44.95 per week	3rd year
	\$53.95 per week	4th year

No pro-rata payments.

#### Member personal contributions

There is no provision to make your own voluntary contributions to the Fund.

#### How to check that contributions are being made

If you want to know whether your contributions are being paid by your employer, contact the B.E.R.T. Fund No. 2 Administrator.

Every six months a statement of your benefit entitlement will be forwarded to your home address. The statement will detail the contributions that have been paid by your employer. An Annual Report will be produced each September. The Annual Report will provide financial and statistical details of the Fund and other matters of general interest to members.

#### SuperSite (Fast Track)

You can view your member account details on-line via SuperSite (Fast Track). Once you have registered for SuperSite, you can login to view/change your account details via the internet. If you would like to register for SuperSite (Fast Track) please contact the B.E.R.T. Fund No. 2 Administrator.

#### Arrears of contributions

The Trustee of the Funds has established procedures to follow up employers who do not pay contributions on time. You will be advised if your employer has not paid contributions for you.

#### Contributions while on leave

Contributions are payable during any period of paid leave including sick leave, annual leave, long service leave, compassionate leave and leave during which accident make-up payments are being received. Employer contributions are not payable during any period of unpaid leave. Workers compensation payments cease at 26 weeks.

### CHARGES AND TAX

Lump sum taxation will be deducted from benefit payments. However, no charges or taxes are deducted from your employer's contributions or your Member's Account in the Funds.

### HOW TO CLAIM

If you are a member of B.E.R.T. Fund (prior to April 2004) your entitlement will be the amount in your account with B.E.R.T. Fund plus B.E.R.T. No. 2 Fund.

If you are a member of B.E.R.T. No. 2 Fund (after April 2004) your entitlement will be the amount in your account with B.E.R.T. No. 2 Fund.

**NOTE: If your claim relates to B.E.R.T. and B.E.R.T. Fund No. 2, you will receive two separate cheques.**

#### CERTIFIED IDENTIFICATION MUST BE INCLUDED WITH ALL CLAIMS

If your claim is \$10,000 or less you must provide a certified photocopy of ONE of the following – driver licence, credit card (front and back), passport or birth certificate.

If your claim is \$10,000 or more you must provide THREE forms of certified identification: A certified photocopy of photo ID with signature e.g. driver licence or passport or credit card (front & back) AND a certified copy of a current bill (e.g. power, telephone) AND a certified copy of a bank statement with the same mailing address as for your claim.

If you cannot provide the above three forms of certified identification please contact the B.E.R.T. Customer Service Centre on 1300 366 408 for further information.

The above documents must be certified by a Justice of the Peace, Police Officer or authorised representative of B.E.R.T. Pty Limited.

If you wish to claim a benefit from either of the Funds, contact the Administrator, Superpartners.

*The following benefits are payable:*

#### REDUNDANCY

You have been terminated due to a shortage of work. You must lodge your claim within 56 days of being made redundant.

Complete the Application for Payment of Benefit and forward with:

- Certified identification – see section 'How to Claim' on the payment of benefit form for details.
- Separation Certificate issued by your employer.

#### LEAVING THE INDUSTRY

You have not worked in the industry for 52 weeks and will not be seeking re-employment within the industry.

Complete the Application for Payment of Benefit and forward with:

- Certified identification – see section 'How to Claim' on the payment of benefit form for details.
- Separation Certificate issued by your employer.

## HOW TO CLAIM continued

The following benefits are payable:

### RETIREMENT

You are age 55 years or older and you have permanently retired from the workforce.

Complete the *Application for Payment of Benefit* and forward with:

- Certified identification – see section 'How to Claim' on the payment of benefit form for details.
- Separation Certificate issued by your employer.
- Complete the Statutory Declaration on the back of the claim form and tick the box "I have permanently retired from the workforce".

### FINANCIAL HARDSHIP

The Trustee has the discretion to pay a claim provided it is satisfied of financial hardship.

- (a) If you are suffering **financial hardship** and have been unemployed for a period of 4 weeks:

Complete the *Application for Payment of Benefit* and forward with:

- Certified Identification - see section 'How to Claim on the payment of benefit form for details.

Please also send in with the above documents **ONE** of the following requirements:

- A recent Income Statement from Centrelink, which states that you have been receiving benefits for 4 weeks.

OR

- Complete the Statutory Declaration on the back of the claim form stating "I have been unemployed for a period of 4 weeks", a Separation Certificate issued by your employer and evidence of your **financial hardship**, e.g. balance of bank account (ATM receipts not accepted) and outstanding bills.

- (b) In order to be eligible for a **Financial Hardship** claim where your Separation Certificate states that you have **ceased work voluntarily**, the following documentation is required:

- Letter stating why Financial Hardship claim has been lodged.
- Minimum of three bills showing proof of debt (eg outstanding bills or letters of demand for payment)
- If married, provide information of combined income.

**N.B. All claims are paid at the discretion of the Trustee.**

### LEAVING AUSTRALIA

You are leaving Australia to take up residence overseas.

Complete the *Application for Payment of Benefit* and forward with:

- Certified Identification – see section 'How to Claim' on the payment of benefit form for details.
- Evidence of either one of the following – tenancy agreement, letter from landlord, copy of a bill or bank statement showing overseas address or a one-way airline ticket.
- Complete the Statutory Declaration on the back of the claim form and tick the box "leaving Australia".
- Proof of disposal of property or goods.
- Evidence of employment if available.
- Separation Certificate issued by your employer.

Where you do not have any goods to dispose of, or have not made arrangements for re-employment you must confirm this in the Statutory Declaration.

Please note that your cheque will be posted to your overseas address.

### DISABILITY

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

Complete the *Application for Payment of Benefit* and forward with:

- Certified Identification – see section 'How to Claim' on the benefit payment form for details.
- Medical Certificate from a doctor/specialist stating the nature of your illness/injury and that you are permanently unfit for work.
- Separation Certificate issued by your employer.

### PARTIAL BENEFITS

The B.E.R.T Trust Deed was amended on 13 November 2003 to allow partial benefits. If you meet the requirements for a benefit payment, you are now entitled to draw down part of your entitlement in the Fund. If you wish to withdraw a partial benefit, please specify the amount in the Partial Benefits section on the claim form.

If you are a member of both funds (B.E.R.T. and B.E.R.T. Fund No. 2) the payment will be taken from your B.E.R.T. No. 2 Fund as the draw down proceeds.

For further information please contact the B.E.R.T Administrator on 1300 366 408.

### DEATH

If you should die whilst you are a member of the Fund/s, a benefit will be payable to your dependant/s, Legal Representative or other such persons as specified in the Trust Deeds. The Trustee, after reviewing any information provided, has the sole discretion as to whom will receive any death benefit.

You may nominate your preferred beneficiary on the Member Application Form. You can change your preferred beneficiary by completing a form available from the Fund Administrator. However if they are not dependants they may not be considered as an eligible claimant.

**It is important to advise the Fund Administrator of any changes in your circumstances, which may affect the payment of the benefit.**

The benefit payable is the total of your Account in either or both Funds. Certified copies of your birth and death certificates are required together with a copy of your Will or Letters of Administration and a Claim Form.

### TAX FILE NUMBER

Benefits from the Funds are subject to tax. It is possible for your benefit to be taxed at reduced rates if you choose to provide the Funds with your Tax File Number (TFN).

The decision to provide your TFN is entirely yours. If you do not provide your TFN your benefit will be taxed at the highest personal tax rate, currently 47% plus the Medicare levy.

### FORFEITED BENEFITS

The B.E.R.T. Fund and B.E.R.T. Fund No. 2 Trust Deeds allow members' account balances to be forfeited to the Funds' reserve account if:

1. Up to \$1,000 account balance and no contributions for 12 months  
AND
2. Any member who has been inactive for up to 6 years regardless of the size of the account balance. Details of accounts with a balance greater than \$6,000 are provided to the Fund Coordinator.

\* Or other amount as agreed by the Trustee

## YOUR ACCOUNT

- If you:
- Want further information on the Funds
  - Change your personal circumstances
  - Lose your membership card
  - Want to make a claim for a benefit
  - Change your name, address, or beneficiary

In any of these cases contact the B.E.R.T Administrator, Superpartners. The Funds have procedures in place to answer any questions you may have.

All enquiries, either in writing or by phone, should be made to the B.E.R.T. Administrator.

## PRIVACY

We only collect information that is necessary to administer your Fund membership. Please check the B.E.R.T. website privacy statement regularly as it may change from time to time.

The original B.E.R.T. Fund and the B.E.R.T. Fund No. 2 have appointed a specialist Administrator and other organisations to provide services to you on our behalf. They are authorised to use your personal information only to administer your Fund membership, under the strictest confidence.

A significant number of members of B.E.R.T. are also members of other industry Funds. B.E.R.T. conducts a database matching process with these Funds on a regular basis to ensure that each organisation has the most up-to-date address for people who are members of the Funds.

Where the database search shows a different address for the same person, each organisation adopts the most recent address. That way B.E.R.T. can continue to communicate with you to ensure you are kept up to date with the position of your account.

The Funds have appointed an auditor in order to ensure that the Funds' records are presented in a true and fair manner.

The auditor is authorised to use your personal information only to audit the Funds, under the strictest confidence.

## IF YOU HAVE ANY QUESTIONS

Contact the Funds' Administrator:

### SUPERPARTNERS

Level 11, 120 Edward Street, Brisbane

Postal: PO Box 329, Spring Hill QLD 4004

Telephone: 1300 366 408

Fax: (07) 3210 0088

### FUND CONTACT:

Phone: (07) 3832 9711

Fax: (07) 3832 3799

### GENERAL MANAGER - Bill Wallace

Phone: (07) 3832 7199

### CO-ORDINATOR - Bill Perrett

Mobile: 0419 020 877



# MEMBER APPLICATION FORM

This form is to be used for new employees on whose behalf contributions have been made after 1 April 2004, and when completed is to be returned to your employer

FOR OFFICE USE ONLY  
EMPLOYER NO. ....  
FILE CODE NUMBER .....  
MEMBER NO. ....  
APPRENTICE YES  NO

## ALL COMPULSORY SECTIONS TO BE COMPLETED - TICK BOXES WHERE APPROPRIATE

### YOUR PERSONAL DETAILS

TITLE please tick    
 MR  MRS  MISS  MS

FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DAY MONTH YEAR

FAMILY NAME \_\_\_\_\_ YOUR TELEPHONE No. \_\_\_\_\_  
 Female  Male AREA CODE

ADDRESS (STREET) \_\_\_\_\_

SUBURB / TOWN \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

### EMPLOYER DETAILS

EMPLOYER'S TRADING NAME \_\_\_\_\_ EMPLOYER NUMBER IN THE B.E.R.T FUND NO.2 \_\_\_\_\_

EMPLOYER'S TELEPHONE No. \_\_\_\_\_ DATE COMMENCED WITH EMPLOYER \_\_\_\_\_  
AREA CODE DAY MONTH YEAR **(For completion by the employer)**

### YOUR OCCUPATIONAL DETAILS

UNION NUMBER \* \_\_\_\_\_ ABBREVIATED NAME OF UNION\* \_\_\_\_\_

TITLE OF YOUR OCCUPATION\* \_\_\_\_\_

\*(This information is optional and is used by B.E.R.T. for Fund statistical purposes. It does not affect your eligibility for membership to the Fund)

### YOUR PREFERRED BENEFICIARIES

**IN CASE OF DEATH PLEASE NOMINATE TO WHOM YOU PREFER BENEFITS TO BE PAID** You can nominate one or more preferred beneficiaries

FIRST NAME AND INITIAL(S)	FAMILY NAME	*RELATIONSHIP (e.g. Son, Spouse etc.)	% SHARE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE THAT THE FINAL DECISION ON BENEFICIARY RESTS WITH THE TRUSTEE  
\*(This information is optional but is important as it is used by the B.E.R.T. Trustee, in the event of your death to establish your beneficiaries)

### TAX FILE NUMBER (TFN)

I have read the section Tax File Number in the summary of benefits and conditions and understand that I have the choice of supplying my tax file number

I further understand that the B.E.R.T. Fund No. 2 will only use my Tax File Number for the correct purposes as stated in the Tax File Number section.

I HEREBY ELECT TO ADVISE MY TAX FILE NUMBER AND MY NUMBER IS:

\_\_\_\_

### GENERAL INFORMATION

1) IF YOU ARE AN APPRENTICE, WHEN DID YOU COMMENCE YOUR APPRENTICESHIP?  
 \_\_\_\_\_  
DAY MONTH YEAR

2) To enable your B.E.R.T. entitlements to be properly paid into your membership account, B.E.R.T. may provide some of your personal and account details to your union and/or employer  
 For further information on privacy, please refer to the Summary of Benefits.

If you do not want this to occur in the future, please tick the box and B.E.R.T. administration will comply with your wishes.

I hereby apply to the Trustee, B.E.R.T. Pty Limited for admission as a member of the B.E.R.T. Fund No. 2 upon the terms and conditions contained in the Trust Deed.

I also acknowledge that any redundancy benefits payable to me under B.E.R.T. Pty Limited will be offset against any redundancy entitlements to which I may be entitled under any industrial award.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_  
DAY MONTH YEAR

We only collect information that is necessary to administer your Fund membership. Please check the B.E.R.T. website privacy statement regularly as it may change from time to time. The original B.E.R.T. Fund and the B.E.R.T. Fund No. 2 have appointed a specialist Administrator and some other organisations to provide services to you on our behalf. They are authorised to use your personal information only to administer your Fund membership under the strictest confidence.

The Funds have appointed an auditor in order to ensure that the Funds records are presented in a true and fair manner. The auditor is authorised to use your personal information only to audit the Funds, under the strictest confidence.

**PLEASE NOTE: MEMBERSHIP CANNOT BE APPROVED UNLESS ALL COMPULSORY DETAILS HAVE BEEN COMPLETED AND YOU HAVE SIGNED THE FORM**

# Member Application Form

This form must be completed in full  
and returned to your employer



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# Application for Payment of Benefit



**THE B.E.R.T. FUND  
and B.E.R.T. FUND No. 2**

*Providing redundancy benefits  
for workers in the building and  
construction industry in Queensland.*



## The B.E.R.T. Fund and the B.E.R.T.Fund No. 2 (the Fund's) are redundancy trusts established for building workers in Queensland.

### THE B.E.R.T. FUND AND B.E.R.T. FUND NO. 2

The first trust was established in 1989 to provide redundancy benefits and training grants for employees in the Queensland building and construction industry.

In 2004, an additional trust, B.E.R.T. Fund No. 2, was established for the purposes of complying with the Fringe Benefits Tax Assessment Act 1986 (Cth) as an approved worker entitlement fund. Contributions made on behalf of members after 1 April 2004 will be held in this trust. No employer contributions can be accepted into the original B.E.R.T. Fund as at 31 March 2004.

The Funds have the full support of the major unions and employer associations operating in the Queensland building and construction industry.

### HOW TO CLAIM

If you want to claim a benefit and you joined the Fund after 1 April 2004, your claim will be met by the amount in your account with the B.E.R.T. Fund No. 2.

If you want to claim a benefit and you joined the original B.E.R.T. Fund before 1 April 2004, your claim will be met by the amounts in your account with the original B.E.R.T. Fund and B.E.R.T. Fund No. 2.

**NOTE: If your claim relates to B.E.R.T and B.E.R.T Fund No. 2, you will receive two separate cheques.**

### CERTIFIED IDENTIFICATION MUST BE INCLUDED WITH ALL CLAIMS

If your claim is \$10,000 or less you must provide a **certified photocopy** of **ONE** of the following - driver's licence, credit card (front and back), passport or birth certificate.

If your claim is \$10,000 or more you must provide **THREE** forms of certified identification: A **certified photocopy** of photo ID with signature e.g. driver's licence or passport or credit card (front & back) **AND a certified copy** of a current bill (e.g. power, telephone) **AND a certified copy** of a bank statement with the same mailing address as for your claim,

If you cannot provide the above three forms of certified identification please contact the B.E.R.T. Customer Service Centre on 1300 366 408 for further information.

**The above documents must be certified as a true copy by a Justice of the Peace, Police Officer or authorised representative of B.E.R.T Pty Limited.**

*The following benefits are payable:*

### REDUNDANCY

You have been terminated due to a shortage of work. You must lodge your claim within 56 days of being made redundant.

Complete the Application for Payment of Benefit and forward with:

- Certified identification - see section 'How to claim'
- Separation Certificate issued by your employer.

### PARTIAL BENEFITS

If you do not wish to claim your full balance, please indicate the amount you want.

For further information please contact the B.E.R.T. Administrator on 1300 366 408.

### LEAVING THE INDUSTRY

You have not worked in the industry for 52 weeks and will not be seeking re-employment within the industry.

Complete the Application for Payment of Benefit and forward with:

- Certified identification - see section 'How to Claim'
- Separation Certificate issued by your employer.

### RETIREMENT

You are age 55 years or older and you have permanently retired from the workforce.

Complete the Application for Payment of Benefit and forward with:

- Certified identification - see section 'How to Claim'
- Separation Certificate issued by your employer
- Complete the Statutory Declaration on the back of the claim form and tick the box "I have permanently retired from the workforce".

### FINANCIAL HARDSHIP

The Trustee has the discretion to pay a claim provided it is satisfied of financial hardship.

(a) If you are suffering **financial hardship** and have been unemployed for a period of 4 weeks:

Complete the Application for Payment of Benefit and forward with:

- Certified Identification - see section 'How to Claim' on the payment of benefit form for details.

Please also send in with the above documents **ONE** of the following requirements:

- A recent Income Statement from Centrelink, which states that you have been receiving benefits for 4 weeks.

OR

- Complete the Statutory Declaration on the back of the claim form stating "I have been unemployed for a period of 4 weeks", a Separation Certificate issued by your employer and evidence of your **financial hardship**, e.g. balance of bank account (ATM receipts not accepted) and outstanding bills.

(b) In order to be eligible for a **Financial Hardship** claim where your Separation Certificate states that you have **ceased work voluntarily**, the following documentation is required:

- Letter stating why **Financial Hardship** claim has been lodged
- Minimum of three bills showing proof of debt (eg outstanding bills or letters of demand for payment)
- If married, provide information of combined income.

**N.B. All claims are paid at the discretion of the Trustee.**

### LEAVING AUSTRALIA

You are leaving Australia to take up residence overseas.

Complete the Application for Payment of Benefit and forward with:

- Certified Identification - see section 'How to Claim' on the payment of benefit form for details
- Evidence of either one of the following - tenancy agreement, letter from landlord, copy of a bill or bank statement showing overseas address or a one-way airline ticket
- Complete the Statutory Declaration on the back of the claim form and tick the box "leaving Australia"
- Proof of disposal of property or goods
- Evidence of employment if available
- Separation Certificate issued by your employer

Where you do not have any goods to dispose of, or have not made arrangements for re-employment you must confirm this in the Statutory Declaration.

**Please note that your cheque will be posted to your overseas address.**

### DISABILITY

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

Complete the Application for Payment of Benefit and forward with:

- Certified Identification - see section 'How to Claim' on the benefit payment form for details
- Medical Certificate from a doctor/specialist stating the nature of your illness/injury and that you are permanently unfit for work
- Separation Certificate issued by your employer



# APPLICATION FOR PAYMENT OF BENEFIT

For the original B.E.R.T. Fund B.E.R.T. Fund No. 2

This form must be completed in full and returned to B.E.R.T. Pty. Ltd.

## ALL COMPULSORY SECTIONS TO BE COMPLETED - TICK ✓ BOXES WHERE APPROPRIATE

Please tick the box you are claiming (✓)

Redundancy  Leaving the Industry  Retirement  Financial Hardship  Leaving Australia  Disability

### YOUR PERSONAL DETAILS

TITLE please tick (✓)

MR  MRS  MISS  MS

MEMBERSHIP NUMBER

FIRST NAME

FAMILY NAME

DATE OF BIRTH

DAY	MONTH	YEAR
-----	-------	------

ADDRESS (STREET)

SUBURB / TOWN

POSTCODE

HOME PHONE NUMBER

MOBILE PHONE NUMBER

### PARTIAL BENEFITS

Do you wish to claim your full balance? If not, please indicate the amount you wish to claim

\$

### TAX FILE NUMBER (TFN)

You have the choice of whether or not you quote your **tax file number below**. If you decide not to quote your number, then tax will be deducted from your benefit at the highest personal tax rate plus the Medicare Levy.

My Tax File Number is:

### EMPLOYER DETAILS

NAME OF YOUR LAST EMPLOYER

DATE YOU FINISHED WITH THIS EMPLOYER

DAY	MONTH	YEAR
-----	-------	------

EMPLOYERS PHONE NUMBER

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

SIGNATURE

DATE

DAY	MONTH	YEAR
-----	-------	------

### For any queries please call 1300 366 408

Please forward Application for Benefit Form and **Supporting Documents** to:

The B.E.R.T. Administrator  
PO Box 329  
Spring Hill Qld 4004

Or in person to:  
Level 11, 120 Edward Street, Brisbane Qld

**Before you sign and send, have you read all of the instructions and attached all relevant documentation?**

FOR OFFICE USE ONLY

Request approved by \_\_\_\_\_

SIGNATURE OF TRUSTEE DELEGATE

Date approved ..... / ..... / .....

DAY MONTH YEAR



# STATUTORY DECLARATION

## FOR RETIREMENT, LEAVING AUSTRALIA AND FINANCIAL HARDSHIP CLAIMS ONLY

I \_\_\_\_\_

of \_\_\_\_\_

in the state of \_\_\_\_\_ do solemnly and sincerely declare as follows:

My date of birth is the \_\_\_\_\_ day of \_\_\_\_\_ and

Please tick the box and delete sections no applicable

- I have permanently retired from the workforce
- I am leaving Australia to live permanently overseas
- I have been unemployed for a period of 4 weeks

And I make this Declaration conscientiously believing the same to be true and by virtue of the provision of the *Oaths Act 1857 - 1981*

Declared and Subscribed at:

\_\_\_\_\_  
\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

Applicant Signature \_\_\_\_\_

**To be signed before a Justice of the Peace, Magistrate, Commissioner for taking Affidavits  
or Declaration or a Notary Public upon satisfactory identification of the member.**

before me \_\_\_\_\_



## CHANGE OF MEMBER DETAILS FORM

### CHANGE OF ADDRESS

		MEMBERSHIP No.:	
SURNAME: MR/MRS/MISS/MS			
GIVEN NAMES:			
DATE OF BIRTH:		PHONE No.:	
ADDRESS:			
		STATE:	POSTCODE:

### CHANGE OF NAME

(By Marriage / Deed Poll) Please attach copy of Marriage Certificate, or other supporting documents.

SURNAME: MR/MRS/MISS/MS	
GIVEN NAMES:	
DATE OF BIRTH:	PHONE No.:
NEW SIGNATURE:	OLD SIGNATURE:

SIGNATURE:	DATE:
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The information requested on this form is required to accept your changes of details. Your personal information will not be used or disclosed for any other purpose without your consent, except where the law requires us to do so.

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# AUTHORITY TO TRANSFER BENEFIT TO A REDUNDANCY FUND



## Member details

BERT membership number \_\_\_\_\_

Mr/Mrs/Miss/Ms \_\_\_\_\_

Family name \_\_\_\_\_

Given name(s) \_\_\_\_\_

## Details of other Fund

Name of new Redundancy Fund \_\_\_\_\_

Fund membership number \_\_\_\_\_

New Fund address \_\_\_\_\_

Suburb / town \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Name of the administration company \_\_\_\_\_

Phone number for the new Fund \_\_\_\_\_

## Terms and conditions

- I certify that to the best of my knowledge all information given on this form is true and correct.
- Upon the transfer of all amounts credited from my BERT account, the Trustee bears no responsibility for any loss or detriment I may suffer or incur as a result of or in respect of the transfer of such Funds resulting from this application and I release the Trustee from all claims, demands and liabilities in relation to such loss or detriment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supporting documents

Please enclose the following documentation with your transfer application:

- BERT Application for Payment of Benefit
- A certified photocopy of a document that contains your recent signature, eg Drivers License, Passport, Credit Card or Bank Card.

## Completion

Please forward this form and supporting documents to:

BERT Administration  
PO Box 329, Spring Hill QLD 4004  
Level 11, 120 Edward Street, Brisbane QLD 4000  
Telephone 1300 366 408

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# AUTHORITY TO TRANSFER BENEFIT TO A SUPERANNUATION FUND



## Member details

BERT membership number \_\_\_\_\_

Mr/Mrs/Miss/Ms \_\_\_\_\_

Family name \_\_\_\_\_

Given name(s) \_\_\_\_\_

## Details of other Fund

Name of new Superannuation Fund \_\_\_\_\_

Fund membership number \_\_\_\_\_

New Fund address \_\_\_\_\_

Suburb / town \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Name of the administration company \_\_\_\_\_

Phone number for the new Fund \_\_\_\_\_

## Terms and conditions

- I certify that to the best of my knowledge all information given on this form is true and correct.
- Upon the transfer of all amounts credited from my BERT account, the Trustee bears no responsibility for any loss or detriment I may suffer or incur as a result of or in respect of the transfer of such Funds resulting from this application and I release the Trustee from all claims, demands and liabilities in relation to such loss or detriment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supporting documents

Please enclose the following documentation with your transfer application:

- BERT Application for Payment of Benefit completed with all necessary supporting evidence to claim.
- A certified photocopy of a document that contains your recent signature, eg Drivers License, Passport, Credit Card or Bank Card.
- Separation Certificate issued by your employer

## Completion

Please forward this form and supporting documents to:

BERT Administration  
PO Box 329, Spring Hill QLD 4004  
Level 11, 120 Edward Street, Brisbane QLD 4000  
Telephone 1300 366 408



## TRANSFERRING YOUR BENEFIT TO A SUPERANNUATION FUND

**If you are eligible to receive a B.E.R.T. benefit, you now have the added option of transferring your benefit to a Superannuation Fund of your choice.**

If you would like to **transfer** your benefit then please complete the **Authority to Transfer Benefit form** on the reverse of this page. The standard eligibility conditions apply and you must provide all the necessary documentation before your benefit can be transferred.

If you choose not to transfer your benefit, a **cheque** will be sent to you. To receive a cheque, complete the **Application for Payment of Benefit** and provide the necessary supporting evidence.

**All** claims must be accompanied by the required documentation before a claim can be paid directly to you as a cheque, or transferred to a Superannuation Fund. The requirements for all benefit types are available in the *Application for Payment of Benefit form*.

Should you require further assistance, please contact the B.E.R.T. Administrator on 1300 366 408.



## Members Authorisation to Rollover Redundancy Benefits to BERT Fund No 2

### Former Fund details

Name of old Fund \_\_\_\_\_  
Fund membership number \_\_\_\_\_  
Phone number of old Fund \_\_\_\_\_  
My address with the old Fund \_\_\_\_\_  
Suburb / town \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Name of the administration company \_\_\_\_\_

Please provide the date you left the employer contributing for you in your old Fund, the name of that employer and a copy of your Separation Certificate.

Date: \_\_\_\_\_ Employers name \_\_\_\_\_

### Member details in former Fund

Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
My address with the old Fund \_\_\_\_\_  
Suburb / town \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_

### BERT Fund No 2 details

BERT Fund No 2 membership number \_\_\_\_\_  
Name of your current employers in BERT \_\_\_\_\_  
Administrators name Superpartners Pty Ltd  
Administrators address PO Box 329, Spring Hill QLD 4004  
Your name (if different from above) \_\_\_\_\_  
Your current address (if different from above): \_\_\_\_\_  
Suburb / town \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Work \_\_\_\_\_  
Cheque to be made payable to BERT Fund No 2.

- I authorise the rollover of my benefits from my old Fund to BERT Fund No 2.
- In giving my authorisation to rollover my benefits, I understand that the Trustee of my previous Fund is discharged from any further liability in respect of any amount once benefits have been rolled over and a final statement has been issued by the former Fund
- I hereby declare that to the best of my knowledge, the information I have provided above is true and correct in every particular, and that I understand the information given on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Application for future contributions to be paid to BUSS(Q)

First name \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

B.E.R.T. membership number \_\_\_\_\_

BUSS(Q) membership number \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Current employer \_\_\_\_\_

Union \_\_\_\_\_

Union membership number \_\_\_\_\_

I hereby apply for future contributions due and payable on my behalf to the B.E.R.T. Fund to be paid to my account in the Building Unions Superannuation Scheme (Queensland) - BUSS(Q).

In making this application, I agree that:

- My account balance in the B.E.R.T. Fund exceeds \$9,000.
- I am aware that the B.E.R.T. Fund has no legal responsibility for pursuing contributions due and payable for me until this application is revoked in writing.

Signed : \_\_\_\_\_ Dated: \_\_\_\_\_

Approved : \_\_\_\_\_ Dated: \_\_\_\_\_

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# NOTES

Level 6, 101 Wickham Tce  
Spring Hill Qld 4004

Phone: 07 3832 7199

Fax: 07 3832 3799

Web: [www.bert.com.au](http://www.bert.com.au)

