

APPLICATION FOR MEMBERSHIP

To be completed by Incolink

Registration No:

Date of Registration: / /

COMBINED APPLICATION FOR MEMBERSHIP AND DEED OF ADHERENCE REDUNDANCY PAYMENT APPROVED WORKER ENTITLEMENT FUND 2 AND REDUNDANCY PAYMENT CENTRAL FUND 2

Name of Company/Business:

(Includes companies, partnerships, sole traders, etc)

Trading Name:

Postal Address:

Postcode: [][][][]

Street Address:

Postcode: [][][][]

Telephone Number: ([][]) [][][][][][][][][] Mobile Number: [][][][][][][][][][]

Facsimile Number: ([][]) [][][][][][][][][]

E-mail Address:

Industry association membership:

Type of Work Conducted by the Employer:

Have you or your company Directors or Partners, as the case may be, been a Director, Partner, Sole Trader, Sole Proprietor or Working Sub-Contractor of any other company, partnership or business which at any time has been or continues to be a member of Incolink?

YES NO *If yes, please provide full details, including the relevant registration number or numbers below:

Enterprise Bargaining Agreement (EBA)

Have you/Will you be signing an EBA: YES NO

If yes, please attach a copy of your EBA when submitting this form to Incolink, as we will be unable to process your registration without this document.

The Employer hereby applies for membership of the Redundancy Payment Approved Worker Entitlement Fund 2 ("Approved Fund No. 2") established by a Deed of Trust made 11 August 2004 (as amended from time to time) ("Approved Fund Trust Deed") between CFMEU and AMWU and REDUNDANCY PAYMENT CENTRAL FUND LTD. ACN 007 133 833 (trading as Incolink) ("Trustee") and of Redundancy Payment Central Fund No. 2 (Existing Fund 2) established by a Deed of Trust made 20 October 1995 (Existing Fund Trust Deed) between the same parties and agrees to be bound by the terms and conditions Approved Fund and Existing Fund of the Trust Deeds ("Trust Deeds") (copies of which are available upon request from the offices of Incolink).

Each of the Funds is established to provide benefits to workers engaged in the industry. "Industry" is defined in the Trust Deed as:

- (a) the metal construction industry;
- (b) the metal contracting industry;
- (c) the engineering construction industry;
- (d) the engineering contracting industry; and
- (e) any other industry nominated by the Trustee as an industry for the purposes of the Trust Deed

The Employer hereby applies for approval to make Contributions for Workers on a basis different from that set out in Clause 4 of the Approved Fund 2 Trust Deed.

The Employer acknowledges if its application for membership is accepted then membership will take effect from the date of this application or such later date as may be notified by the Trustee.

The Employer also warrants that the information set out in this Application Form and A, B, or C of Schedule 1 to this Application Form and in the registration forms which accompany this Application form is true and correct and complete.

- NOTE:
1. Contributions in respect to apprentices are payable to Existing Fund 2.
 2. Contributions to Approved Fund No. 2 reduce or satisfy the Employers contribution obligations (other than in respect to apprentices) to Existing Fund 2.

DEED OF ADHERENCE

1. The Employer hereby acknowledges that if its applications for membership of Approved Fund No. 2 and Existing Fund 2 are accepted then it will be bound by the terms of the Trust Deeds (as they may be subsequently amended) on the basis that it is a "member" as defined in the Trust Deeds and that it must make contributions to the Trustee in accordance with the terms of the Trust Deeds in respect of the following:
 - (a) all employees (including Approved Workers and apprentices) who have submitted an Incolink Redundancy Fund Enrolment Form and are engaged at any time in working on a project in the building and construction industry including those presently engaged whose names and other details are set out in the Employee Registration forms which accompany this Application Form or in an application to the Trustee under Clause 7 of the Trust Deed in relation to Approved workers; and/or
 - (b) other employees whose names and addresses accompany this Application Form together with such other employees who have submitted an Incolink Redundancy Fund Enrolment Form as may be advised to the Trustee from time to time.

The Employer further acknowledges and agrees that the employees falling within category (b) will be treated as working on a project in the building and construction industry, for the purposes of the Trust Deeds.

The Employer must register their employees in accordance with the Trust Deed; and further must ensure the employee completes the Incolink Redundancy Fund Enrolment Form to ensure Incolink has appropriate documentation to create a member account.

2. The Employer must, to the extent permitted by law provide to the Trustee all information requested by it, including details about employees.
3. An Employer which is a trustee is bound both personally and its capacity as a trustee.

Signature of Employer:

Dated: [][]/[][]/[][][][]

(In the case of the company to be signed by director/partner of the Company)

Full Name of Signatory (Please Print):

Signature of Witness:

Full Name of Witness:

Address of Witness:

Postcode: [][][][]

The Redundancy Payment Central Fund Ltd (trading as Incolink)

VIC OFFICE:
1 Pelham Street
Carlton VIC 3053
Telephone: (03) 9639 3000
Fax: (03) 9639 1366

TAS OFFICE:
Office enquires: 1800 337 789

Freecall: 1800 337 789
Email: redund@incolink.org.au
Web: incolink.org.au
ACN 007 133 833 ABN 22 862 951 309

incolink.org.au/tasmania

AUTHORISED CONTACTS

PLEASE COMPLETE THIS SECTION TO INCLUDE AUTHORISED OFFICERS TO SIGN ON THE BEHALF OF YOUR COMPANY.

This will allow the authorised officer to sign claim forms, separation certificates, letters of termination and any other correspondence relating to changes of company details.

Company Name:

Authorised Officer/s:

Name:

Position:

Direct Line: ()

Email:

Name:

Position:

Direct Line: ()

Email:

Name:

Position:

Direct Line: ()

Email:

Name:

Position:

Direct Line: ()

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Direct Line: ()

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Name:

Position:

Direct Line: ()

Email:

Name:

Position:

Direct Line: ()

Email:

Name:

Position:

Direct Line: ()

Email:

Authorised Signatory:

(This must be signed by a director or partner of the company)

Name:

(Please print)

EMPLOYEE REGISTRATION

(Apprentices cannot be registered using this form)

For existing employees please attach completed Enrolment Form.

Employer Name:

Member No:

Authorised Office Signature:

Name of Signatory:

Surname: **First Names:**

Address: **Postcode:** [][][][]

Mobile: [][][][][][][][][][] **Email:**

Please tick ✓: Permanent Casual

Date of birth: [][]/[][]/[][][][] **Start Date:** [][]/[][]/[][][][]

Trade: **Incolink Number:** [][][][][][][] (required if currently registered with Incolink)

Union: CFMEU CEPU/PTEU AWU AMWU FFPD Other

Surname: **First Names:**

Address: **Postcode:** [][][][]

Mobile: [][][][][][][][][][] **Email:**

Please tick ✓: Permanent Casual

Date of birth: [][]/[][]/[][][][] **Start Date:** [][]/[][]/[][][][]

Trade: **Incolink Number:** [][][][][][][] (required if currently registered with Incolink)

Union: CFMEU CEPU/PTEU AWU AMWU FFPD Other

Surname: **First Names:**

Address: **Postcode:** [][][][]

Mobile: [][][][][][][][][][] **Email:**

Please tick ✓: Permanent Casual

Date of birth: [][]/[][]/[][][][] **Start Date:** [][]/[][]/[][][][]

Trade: **Incolink Number:** [][][][][][][] (required if currently registered with Incolink)

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Web: incolink.org.au
ACN 007 133 833 ABN 22 862 951 309

incolink.org.au/tasmania

APPRENTICE REGISTRATION FORM

You may only register an apprentice when they are working on a Commercial/Industry site

EMPLOYER DETAILS

Incolink Employer No:

Employer Name:

Contact Name:

Telephone Number: () Facsimile Number: ()

Email:

APPRENTICE DETAILS

Please ensure you complete ALL sections on this form and that you provide the correct information or Incolink will not be able to register the apprentice.

Incolink No: If currently registered with Incolink

Surname:

First Names:

Address:

Postcode:

Mobile:

Email:

Date of Birth: / /

Apprenticeship Details

Date joined Company: / /

Type of Apprenticeship (trade):

Current Apprenticeship Year:

Date Commenced Apprenticeship: / /

Mobile:

Did this apprentice begin his/her apprenticeship prior to commencing employment with your company:

YES NO If Yes, please provide details:

Employers Name:

Date Commenced Apprenticeship: / /

Address:

Postcode:

Email:

You need to advise us of the date the apprentice commenced their apprenticeship. This may differ from the date they commenced employment with you if they commenced their apprenticeship with another employer.

EMPLOYER CHECKLIST - TASMANIA

Weekly Redundancy Contribution Rate is \$30.01

- \$29.02 To the employee's account
- \$00.99 Industry levy to provide a benefit to
- \$30.01** apprentices

On Termination

On termination of employment for any reason, the worker shall be entitled to claim an Initial Redundancy Benefit which will be paid by Incolink. The amount will be determined by Incolink, having considered the Contributions payable by the workers employer and the amount of the Contributions contributed to the workers account. This is subject that the initial Redundancy Benefit may not be less than 50% of the prescribed maximum initial payment (which is adjusted annually on 1st October in line with the CPI) unless the amount standing to the credit of the employee's account is less than this - in which case the Initial Redundancy Benefit shall be the amount available in the employee's account. Please contact Incolink to find out what the prescribed maximum initial payment is.

Easy Contributions Management

Incolink's online contributions management system EmployerLink is an easy way to process your monthly Incolink. The system allows you to manage the registration and termination of workers online.

To Access EmployerLink

- Employers will be provided with details of how to set up a Super User to access EmployerLink.
- EmployerLink is online and accessible 24/7.

When you access EmployerLink you will be able to set up your authorised users. Your authorised users will then be able to complete monthly returns and manage your account.

Payment

Payments for monthly returns remains due by the 14th of the following month. Any payments received after the end of that month will incur a late payment fee.

Late Payment

Payments received after the last day of the month follow the month in which they were due will be subject to a 10% Late Payment Fee.

Registering New Workers

When you register new workers EmployerLink requires you to supply the following details:

- Full name
- Current address
- Date of birth
- Incolink number (if previously registered)
- Commencement date
- Trade/job title
- Mobile phone/email address (preferable).

Terminating Workers

When you terminate workers EmployerLink requires you to supply the following details:

- Date of termination
- Termination reason
- If you pay Portable Sick Leave Insurance contributions (PSLI) for your worker, EmployerLink requires you to provide the number of sick days taken by the worker during their term of employment. This is used to calculate their portable sick leave entitlements.

On termination, workers can apply for their Initial Redundancy Benefit via WorkerLink.

Apprentices

Apprentices are included on your monthly invoice. You will need to provide the number of days an apprentice has worked on site during the month in addition to paying PSLI and IPT payments as required.

Registering New Apprentices

When you register new apprentices, EmployerLink requires you to supply all of the details required by Incolink for registering new workers (see above list), in addition to the following:

- Start date of their apprenticeship
- The apprentice's trade.

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