

## CLIENT SECTION

### CLIENT INSTRUCTIONS

Only complete this form if you are a TAC client who:

- had time off work because of your transport accident injuries
- was paid leave by your employer for your time off work
- wants the TAC to pay your income support to your employer, so that your employer can reimburse some of your leave.

The TAC can make income support payments to your employer until:

- you or your employer let us know your leave payments have stopped, or
- you withdraw this authority to pay your employer.

### CLIENT DETAILS

First name

Last name

TAC claim number

### CLIENT AUTHORITY

I authorise the TAC to pay my income support as assessed under the *Transport Accident Act 1986* to my employer.

Signature of client, parent or guardian

Print name

Date

If you have completed this form on behalf of the TAC client, please tell us your relationship to them (e.g. Authorised Representative, financial administrator, parent, legal guardian).

Relationship to client

After you sign this form, please give it to your employer and ask them to:

- complete the employer section, and
- return the form to the TAC.

## EMPLOYER SECTION

### EMPLOYER INSTRUCTIONS

Your employee has authorised the TAC to pay their income support to their employer. Please complete all the sections below so we can process this payment.

By signing this form you agree to reinstate the equivalent amount of leave entitlements to your employee. For more information about your obligations, please visit [tac.vic.gov.au/leave-reimbursement](http://tac.vic.gov.au/leave-reimbursement)

### BUSINESS DETAILS

Business name

Phone number

ABN

Employer's email address

Employer's address

Payroll office email (if applicable)

## EMPLOYER SECTION (continued)

### LEAVE PAYMENT DETAILS

Have you paid or do you intend to pay leave to your employee for their time off work due to their transport accident injuries?

Yes      No

If yes, please provide the 'from' and 'to' dates for leave already paid:

**Leave paid from**                      **Leave paid to**

Will you continue to pay your employee after these dates?    Yes      No

### EMPLOYER BANK DETAILS

For the TAC to pay income support to an employer, we need the employer's bank details. The TAC cannot pay income support by cheque.

**Name of bank or financial institution**

**BSB number (6 digits)**

**Name/s of account holder/s**

**Account number (maximum 9 digits)**

**Name of account**

**Employer's representative name**

### EMPLOYER DECLARATION

I declare that the details I have provided on this form are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

**Signature of employer/employer's representative**

**Position held in the business**

**Date signed**

### HOW TO RETURN THIS FORM

You can return this form to the TAC by email to

[income@tac.vic.gov.au](mailto:income@tac.vic.gov.au)

Please include the TAC claim number and your employee's full name in the subject line of your email.

## PRIVACY

The TAC will use this information in accordance with the *Privacy and Data Protection Act 2014*. The TAC will use this information to make income support payments. If you need more information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [tac.vic.gov.au/privacy](http://tac.vic.gov.au/privacy)