Leave reimbursement form

Transport Accident Commission

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 SECTION

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 and sign the employer section on the following pages, and
- return the form to the TAC.

1300 654 329 / 1800 332 556
GPO Box 2751, Melbourne VIC 3001
ABN 22 033 947 623
tac.vic.gov.au

VICTORIA State Government

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

Please ensure you complete and sign the declaration on the next page before returning the form. We cannot process payments without this information.

EMPLOYER SECTION

BUSINESS DETAILS

Business name: ABN:

Employer's phone number:

Employer's email address:

Employer's address:

Payroll office email: (if applicable)

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 submit this form

Ensure all fields of this form are complete. Email your completed form to 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 retain the information provided and may use or disclose it to make further enquiries to assist in the ongoing management of the claim. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further treatments, services and benefits. More information is available at tac.vic.gov.au/privacy.