



**YOU CAN SAVE TIME IF YOU CLAIM ONLINE**  
Download the Incolink App or head to [workerlink.org.au](http://workerlink.org.au)

## CLAIM DECLARATION

☐ I acknowledge that, for Incolink to process my claim my employer must confirm the **employment end date and reason** via EmployerLink. I understand that the **employment end reason** will determine the tax rate withheld on my claim.

## YOUR DETAILS

Incolink Member No

First Name

Last Name

Address   
 Postcode

Contact Phone

Mobile Phone

Email Address

Date of Birth  /  /

Employer Company Name

## ELECTRONIC FUNDS TRANSFER

### Bank Account Details

[illegible]

\* Visit our Privacy Policy [incolink.org.au/privacy-policy](http://incolink.org.au/privacy-policy)

## VERIFY IDENTITY

Incolink has partnered with VixVerify\*, a safe and easy way to help verify identity.

Please provide **one** of the following forms of identification to verify your identity.

- Australian Driver Licence and Card Number
- Australian/New Zealand Passport  
(Please contact Incolink for information on how to claim with an alternate passport)
- Medicare Number

Full Name (as it appears on your ID e.g. John B Smith)

Drivers' Licence Number	State of Issue
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Drivers' Licence Card Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Passport Number	Country of Issue
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Medicare Number	Reference
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Medicare Expiry	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## TAX FILE NUMBER DECLARATION

Tax File No

Please supply your personal 9-digit Tax File Number (TFN). It is not against the law for you to not give Incolink your TFN.

However, if you do not supply your TFN, any taxable portion of your claim will be taxed at the marginal tax rate, plus the Medicare levy.

## DECLARATION & SIGNATURE

I declare that the details I have provided on this claim form are correct. I acknowledge that Incolink has recommended that I seek independent financial and/or taxation advice regarding this claim.

Signed \_\_\_\_\_

Date   /   /