

Registered workers who are (or were) ill or injured may be able to have periods of illness or disability added to their long service record. This applies to employees and contractors, irrespective of whether the illness or injury was work related.

Additional days can be added in the financial year in which your employment was terminated, ie. from termination date to 30 June, and a further 220 days for each of the next 3 years ending 30 June. The maximum service that can be added in any one financial year (including periods of illness or disability) is 220 days.

CLAIMING A PAYMENT

You cannot receive further medical service after you have been paid a long service payment on leaving the building industry. For further information please phone our Helpline on 13 14 41.

EMPLOYEES

If you are an employee and your employment has not been terminated, time off work due to illness or injury is included in employment details sent to us by your employer. However, if your employment has been terminated you should apply for any periods of illness or injury after termination to be added to your record.

CONTRACTORS

If you are a contractor, you should apply for any periods during which you could not work because of illness or injury.

DECEASED WORKER - NEXT OF KIN

If you are the next of kin of deceased worker, please provide as much information as possible when filling in the application.

HOW TO APPLY FOR DAYS TO BE ADDED FOR PERIODS OF ILLNESS OR INJURY

Applications should be made within two years of the time of illness/injury.

Where an application is for a period more than two years ago, please explain the reason why the application was not made earlier.



INTERPRETER SERVICES

If you need an interpreter, call **TIS National** on **13 14 50** and ask them to call **Long Service Corporation** on **13 14 41** or for more information visit: www.tisnational.gov.au



**BUILDING & CONSTRUCTION INDUSTRY
UNABLE TO WORK DUE TO ILLNESS OR INJURY?**

PART 4 - DID YOU LAST WORK AS AN EMPLOYEE? (continued)

My employment with the above employer was terminated on:

D		
---	--	--

M		
---	--	--

Y			
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! *Contact us to confirm that your employer has recorded service for you with the Corporation up to your termination date.*

Period unfit to work from:

D		
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M		
---	--	--

Y			
---	--	--	--

 to

D		
---	--	--

M		
---	--	--

Y			
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 Do not leave any dates blank.
Ensure you include the day, month and year.

! *If the period of illness is ongoing, you should use the date of signing the form as the end date for the period.*

If there is a gap between the date you were terminated and the date you were unfit to work, you need to explain what your employment situation was during this gap period (e.g. looking for building and construction work, you were working in another field).

PART 5 - DID YOU LAST WORK AS A CONTRACTOR?

Complete section below if you were a contractor and could not work due to illness/injury.

Period unfit to work from:

D		
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M		
---	--	--

Y			
---	--	--	--

 to

D		
---	--	--

M		
---	--	--

Y			
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 Do not leave any dates blank.
Ensure you include the day, month and year.

! *If the period of illness is ongoing, you should use the date of signing the form as the end date for the period.*

If there is a gap between the date you stopped working and the date you were unfit to work, you need to explain what your employment situation was during this gap period (e.g. looking for building and construction work, you were working in another field).

PART 6 - NEXT OF KIN

If you are the next of kin of deceased worker to your knowledge, did the deceased perform any paid work of any kind during the period of illness.

Yes No



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UNABLE TO WORK DUE TO ILLNESS OR INJURY?**

PART 7 - MEDICAL PRACTITIONER CONFIRMATION YOU WERE UNFIT TO WORK

I have had my medical practitioner complete and sign the declaration below.

FOR MEDICAL PRACTITIONERS USE ONLY

MEDICAL PRACTITIONERS DECLARATION

NOTE: All information in this section **MUST ONLY** be completed by a Medical Practitioner or the application will not be accepted by the Corporation. Any alterations made to the information in this section must be signed by the medical practitioner.

Medical Practitioner's Name

I, certify that

Patient's Name

was unfit for building and construction work and there were no suitable light duties

Period unfit to work from:

from to



*Ensure you include the day, month and year.
If the period of illness is ongoing, you should use the date of signing the form as the end date for the period.*

I declare that the information I have given in this declaration is true and correct. I make this declaration with the knowledge that a false or misleading statement may result in a penalty of up to \$5,500 under the provisions of Section 58A of the Building and Construction Industry Long Service Payments Act 1986 (as amended):

Date

Provider Number

Phone

Name of Medical Practitioner

Signature of Medical Practitioner

OR

I have attached a copy of a medical certificate showing the exact dates I was unfit for work.

OR

I have attached a copy of a letter from my Worker's Compensation Insurer, showing the exact dates I was unfit for work.

PART 8 - DECLARATION

I declare that the information I have given in this application is true and correct. By completing this form I am declaring that I did not perform paid work of any kind from the date I last worked in the building and construction industry as I was unfit to work. I make this declaration with the knowledge that a false or misleading statement may result in penalty of up to \$5,500 under the provisions of Section 58A of the Building and Construction Industry Long Service Payments Act 1986 (as amended):

Name

Signature

Date

RETURN

Please complete and return to:

Scan and email to info@longservice.nsw.gov.au **or** **Post** to Locked Bag 3000, Central Coast MC, NSW 2252