

REQUEST TO CHANGE EMPLOYER STATUS FORM

A covered employer for a covered industry with workers engaged to perform work in these industries pursuant to the *Long Service Benefits Portability Act 2018* (the Act) and the *Long Service Benefits Portability Regulations 2020* must register with the Authority, register their covered workers in the Portable Long Service Benefits Scheme and pay the levy every quarter.

Use this form if you are a registered active employer who ceases to be an employer for a covered industry. In accordance with Section 14(2) of the Act, written notification must be given to the Authority within 14 days of ceasing to avoid compliance and enforcement actions.

The Portable Long Service Authority (the Authority) values the privacy of individual's personal information, and the information collected on this form is used for the purpose as set out. The Authority will only collect, use and disclose personal information for a lawful purpose that relates directly to our primary functions in accordance with the *Privacy Data Protection Act 2014* and the *Public Records Act 1973*. We have a responsibility to protect your personal information and we will take reasonable steps to ensure it is protected from misuse, loss, unauthorised access, modification or disclosure.

You may request access to or correction of, documents that contain your personal information in our possession.

Further information can be obtained by contacting the Authority on the details below.

PART 1 – EMPLOYER DETAILS

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Registered Industry

☐ Community service ☐ Contract cleaning ☐ Security

Organisation

ABN

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Street address or PO Box

Suburb or town

State

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Postcode

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Phone

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Mobile

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PART 2 – REASON TO CHANGE STATUS

☐ **No longer trading**

1. We ceased trading in the applicable industry and employing covered workers on ____/____/____
2. We do not intend to engage covered workers to perform work in a covered industry pursuant to the Act within the next 12 months.
3. If we engage covered workers after our registration is moved to the inactive employer register, we will apply to have our registration reinstated within the first three months of operations.
4. All employer quarterly returns have been submitted and all associated invoices have been paid in full.

☐ **Registered but not contributing**

1. We ceased employing covered workers on ____/____/____
2. We do not intend to engage covered workers to perform work in a covered industry pursuant to the Act within the next six months
3. If we engage covered workers after our registration is moved to the inactive employer register, we will apply to have our registration reinstated within the first three months of operations
4. All employer quarterly returns have been submitted and all associated invoices have been paid in full.

PART 3 – DECLARATION

- I declare that all the information given in this form is true and correct. I understand that giving false or misleading information is a serious issue offence and penalties apply.
- I understand that the Authority may refuse this request if the information provided is found to be incomplete, omitted or false.

Name

Signature

Position

Date

RETURN

Please complete and return to:



Email to
enquiries@plsa.vic.gov.au



Post to
**PO Box 443,
Bendigo Vic 3552**

For office use only

- ☐ Quarterly returns up to date and submitted
- ☐ All workers have been terminated in latest quarterly return
- All invoices are up to date and paid in full