

**This payment is due**

**Postal Address:**  
PO Box 805  
SPRING HILL QLD 4004

**or visit us at:**  
Level 1, 35 Astor Terrace  
SPRING HILL QLD 4004

Toll free: 1300 261 114  
Fax (07) 3832 3799  
Web [www.bert.com.au](http://www.bert.com.au)  
Email [enquiries@bert.com.au](mailto:enquiries@bert.com.au)



**THE B.E.R.T FUND NO 2 - EMPLOYER CONTRIBUTION ADVICE**

Number	Surname	Given Names	Date of Birth	Weeks (tick appropriate weeks)	Rate	Total Contributions		
Please provide details for new employees below, including surname, given names, DOB, weeks worked, rate and contact details.								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
Name:	DOB:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Rate:	Total:		
Contact Details:								
You must pay for all employees (full-time, part-time or casual), including all approved absences. On completion, please send the original to BERT at the above address.					<b>TOTAL:</b>	<input style="width: 50px;" type="text"/>	<b>AMENDED TOTAL:</b>	<input style="width: 50px;" type="text"/>

**PAYMENT PERIOD** -

**OFFICE USE ONLY**

**EMPLOYER**  
Number:  
Phone:  
DATE ISSUED:

## HELPFUL HINTS FOR COMPLETION OF YOUR RETURN

### MEMBERSHIP DETAILS

Listed is the name/s for whom contributions were made in your last payment processed. If you have any new names, list their BERT membership number (if applicable), full name, address and date of birth together with payment details on the advice at the end of the return.

If there are any incorrect or missing details please correct them and send them back with payment to BERT, PO Box 805, SPRING HILL, QLD, 4004.

### TERMINATING MEMBERSHIP/LAST PAYMENT FOR MEMBERS

If any of the names listed did not work for you in the payment period, please cross out their contribution details. If the person is receiving their last payment, advise the date of termination.

A **Separation Certificate Form** needs to be completed to confirm the terminated employee's termination reason. This form is available at <http://www.bert.com.au>.

### PAYMENT DETAILS

'Weeks' refers to the number of weeks (or part weeks) the person worked during the payment period. No pro-rata permitted.

If any employee works less than the period listed on your Contribution Advice, you **MUST** record the specific weeks worked in the correct column. This will ensure the worker is covered for the weeks worked.

### PAYMENT OPTIONS

#### EFT

**BSB:**  
**Account No:**  
**Reference:**

#### Pay by EFT

You can electronically transfer BERT contribution payments from your nominated bank account directly to BERT through any of the online employer services or your paper Contribution Advice. NOTE - the BSB and account number are unique to your employer account and will not change from payment to payment.

EFT payments are subject to certain terms and conditions available at <http://www.bert.com.au>. Please read and understand them, in particular those relating to Indemnities.



#### Pay by mail

Please make your cheque payable to Building Employees Redundancy Trust, and post your cheque with the Employer Contribution Advice to the address above. Do not forget to write your employer number on the reverse side of the cheque.



**Biller Code:**  
**Ref:**

#### Telephone & Internet Banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account.  
More info: [www.bpay.com.au](http://www.bpay.com.au)

### INVOICE

Once the Contribution Advice has been processed, your tax invoice will be available on our web site for you to download.