

# Ministers' & Employees' Benefits Scheme

*Rewarding your service*



## Long Service Leave Refund Request Form

Church/Agency Requesting Refund	
Church/Agency Name:	
MEBS Member Name:	
Church/Agency Postal Address:	

Officer	
Name of Church/Agency Officer:	
Position:	
Signature of Officer*:	
Date:	
Daytime Phone Number:	
Email:	

Member	
Signature of Member*:	
Date:	
Daytime Phone Number:	
Email:	

\*By signing this form both the Employer and Member confirm that the Member has ceased to be employed by the above Church/Agency; that the Member will not be going on to further employment within Churches of Christ in Australia; and both agree to a refund of Long Service Leave to the Employer.

RETURN TO: The Secretary, MEBS  
PO Box 469 KENMORE Qld 4069  
Telephone: (07) 3327 1628 Fax (07) 3378 1334

A copy of our Privacy Policy is available on request.