



Take full advantage

**Want to take
home an
extra \$2,860
pay per
year?**



**Special offer for
staff members of Public
Hospital & SA
Ambulance Service**

What can I package?



Take full advantage

As an employee with a **Public Hospital & SA Ambulance Service** you are entitled to salary package up to **\$9,095** of your income each year, tax free, towards General Expenses plus any additional Superannuation and FBT Exempt items.

1. General expenses

- Credit Card payments
- Mortgage repayments
- Debit Card purchases
- Private home rental payments
- School fees (including HECS)
- Personal loan repayments
- Disability and aged care
- Insurance – life and trauma
- Private health insurance
- Private travel
- Electricity and gas
- Council and water rates
- Childcare through registered providers

Note: Claim cannot exceed 50% of your salary



Claim up to **\$9,095** tax free each FBT year

2. Superannuation

You can make additional contributions to your chosen superannuation fund pre-tax through your salary package.

3. FBT exempt items

- Notebook / laptop computers
- Electronic diary and calculator
- Otherwise tax deductible items
- Employer provided car parking



4. Motor vehicles

New or used vehicles can be included in your salary package through a Novated Lease. This enables you to pay the vehicle lease payments and all of your running costs through pre-tax income – potentially saving you thousands. Conditions apply.



Salary packaging is easy with **Remunerator**. To take home **\$2,860** or more* per year simply call **1300 654 834** or email **sagov@remunerator.com.au**

Salary Packaging – take home \$2,860 extra pay per year*

Salary packaging is a great way to reduce the amount of tax you pay and thereby increase your net salary. You can nominate to have a number of your expenses, such as mortgage, car repayments, rent, or even electricity and council rates paid by your employer from your gross salary – before tax is deducted. For example, a hospital worker earning \$40,000 could increase their take home pay by \$9,095 just by salary packaging.

*Salary packaging fee not included. Figures are for illustration purposes only. Taxation calculations are according to our interpretation of current legislation as at 1 April 2008. Figures may change at any time and are no substitute for legal or other professional advice. Based on average salary managed. Actual savings achieved depends on your salary and what you package.

An example of how it works...

How paying expenses from pre-tax income reduces the amount of income tax payable and increases take home pay. ex. GST

Item	No Packaging	Packaging
Gross Salary per fortnight	\$ 1,600	\$ 1,600
Amount Packaged	\$ 0	\$ 350
Taxable Income	\$ 1,600	\$ 1,250
Tax Payable	\$ 296	\$ 186
Net Pay	\$ 1,304	\$ 1,064
Expenses	\$ 350	\$ 0
Cash Remaining	\$ 954	\$ 1,064

Net saving per annum = \$2,860
Net saving every pay = \$110

Take full advantage

Salary Packaging Application Form

Public Hospital & SA Ambulance Service

Please print clearly


Personal Details			
Title (tick): <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (Specify):			
Surname:		First Name:	
Address:		Suburb:	
State:	Postcode:	Date of Birth: / /	Fax: ()
Mobile:		Home Phone: ()	
Work Phone: ()		Email:	
Employer Name:			
Occupation:		Location:	
Department:		Payroll Number:	
Full Time / Part Time: <input type="checkbox"/> Please tick if applicable		Casual: <input type="checkbox"/> Please tick if applicable	
Estimated annual income:		Most recent pay date:	

Please attach a recent payslip to your application

Your nominated bank account details (savings, cheque or everyday account)

Account holders name:			
Bank:		Branch:	
BSB (6 digit number):		Account No.:	

Credit Card/Debit Card

	<input type="checkbox"/> Please pay the maximum allowable, OR <input type="checkbox"/> Only \$_____ per fortnight, OR <input type="checkbox"/> Only \$_____ per month		If more than one card is to be packaged, please provide the same information as requested below for the additional card.
	Credit Card/Debit Card Details		
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Other (Specify):		
Name on card:			

Important

I have other reportable fringe benefits supplied by my employer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Declaration: I wish to participate in the salary packaging program made available by the above mentioned employer. I have read, understood and accepted the terms of the salary packaging policy as set by the above mentioned employer. I agree that all costs and charges associated with entering into the salary package will be met by me from the next available pay period. I have read, understood and agree with Remunerator's Privacy Statement, which is available at www.remunerator.com.au

Signature:	Date: / /
------------	-----------

Important: Please supply all additional documents for taxation purposes.

General expense items up to maximum allowable (Refer information booklet available from HR)



Mortgage and/or



Personal

- Please pay the maximum allowable, **OR**
 Only \$ _____ per fortnight, **OR**
 Only \$ _____ per month **to either:**
 My loan account, **OR**
 My nominated bank account

Important: Please supply a copy of your loan statement – showing repayment and balance amounts.

If more than one loan is to be packaged, please provide the same information as requested below for the additional card.

I declare that any credit drawn down from the loan facility will not be used to provide cash for unsubstantiated expenses.

Signature: _____

Rent



- Please pay the maximum allowable, **OR**
 Only \$ _____ per fortnight, **OR**
 Only \$ _____ per month **to either:**
 My nominated account, **OR**
 Direct to my agent/landlord →

Landlord Bank Details:

BSB: _____

Account No.: _____

Account Name: _____

Reference No.: _____

Important: Please supply declaration of rental terms if renting from someone other than a registered real estate agent i.e. family.

Periodical Payment (Approved Expense)



Please pay only \$ _____ per fortnight per month per quarter

Specify: _____

- Paid to my nominated account →

Important: Please supply evidence of periodical expense.

Reimbursement (Approved Expense)



Please pay only \$ _____ per year total for items with GST
(eg Electricity, Gas, Domestic Travel)

Please pay only \$ _____ per year total for items with **NO** GST
(eg Private Health, School Fees, Council & Water Rates, international Travel)

- Please submit with application invoice (bill) or receipts dated up to 6 months prior to package commencement or fax with Claim Form to 03 9882 5444 or post to PO Box 1247, Camberwell VIC 3124. Money will be paid to nominated account. Claim forms can be downloaded from www.remunerator.com.au

Additional items you can package above your FBT exempt limit:

Laptop Computer or PDA



Please pay only \$ _____ per year total

- Fax invoice/receipt and Claim Form to 03 9882 5444 or post to PO Box 1247, Camberwell VIC 3124. Money will be paid to nominated account. Claim forms can be downloaded from www.remunerator.com.au

Superannuation



- Please pay the maximum allowable, **OR**
 Only \$ _____ per fortnight, **OR**
 Only \$ _____ per month **to either:**
 My third party administered superannuation fund (eg AMP, ING, Super SA, Hesta):
Please supply a copy of your Member statement
 My DIY (self administered) superannuation fund
Please supply a copy of:
 1. The certificate from APRA showing that the fund complies with APRA regulations, AND
 2. Bank account details for the superannuation fund



Salary Sacrifice Form 2

Work Related Expenses Certification

Please print clearly

Employee Details

Title:	Name:	Position:
Phone:	Payroll ID Number:	

Employer Details

Agency Name:	Line Manager:
Job Title:	

Under current Federal Fringe Benefits Tax (FBT) legislation, employers providing certain work-related items through salary sacrifice to their employees may be exempt from FBT and the employee will not have to pay income tax on that benefit item.

This does not apply where the employer otherwise provides the item, but only when the item is purchased through the employee's salary sacrifice arrangements.

The exemption applies to the following work-related items:

- Portable electronic device (i.e. a device that is easily portable, small & light, can operate without an external power supply, and is designed as a complete unit);
- Item of computer software;
- Item of protective clothing;
- Briefcase; and
- A tool of trade.

Examples of portable electronic devices include a mobile phone, calculator, personal digital assistant, laptop, portable printer and portable GPS navigation receiver.

The exemption is limited to:

- Items **primarily** for use in the employee's employment; and
- One item per FBT year, unless the item is a replacement item (if the previous item is lost or destroyed, or needed replacing due to developments in technology).

An item is primarily for use in the employee's employment if it is provided principally to enable the employee to do their job at the time the benefit is provided to them – it is not required to review the actual usage over the FBT year.

The employer must use a reasonable basis to determine whether an item is primarily for use in the employee's employment e.g. employee's job description, duty statement or employment contract. Alternatively, factors such as those listed below could be used to determine whether the item is primarily for use in the employee's employment:

- The reason or reasons the item was provided to the employee;
- The type of work the employee will be performing;
- How the use of the item relates to the employee's employment duties; and
- The employer's policy and any conditions relating to the use of the item.

Justification of Work Related Expenses Claims

Description of item(s):
Statement of use:

Execution

I, the Employee named above, certify that the specified item(s) are primarily for use by myself in my employment

Employee Signature:	Date: / /
Witness Name:	Witness Signature:

I, the Line Manager named above, certify that the item(s) described above:

- **May be purchased through the employee's salary sacrifice; and**
- **Are primarily for use in the employee's employment, based on the above Statement of Use.**

Line Manager's Signature:	Date: / /
Witness Name:	Witness Signature:



**Special offer for
staff members of Public
Hospital & SA
Ambulance Service**

**To salary package up to \$9,095 tax free per
FBT year and take home an extra \$2,860
pay per year simply contact Remunerator:**

Ph.: 1300 654 834
Email: sagov@remunerator.com.au
Web: www.remunerator.com.au
Adelaide Office: 8231 2254
Adelaide Fax: 8410 9299

Apply online

Visit website: www.remunerator.com.au
Client Area

Access Username: sagovpbi
Password: benefits

All Remunerator Clients receive **FREE** Buyers Advantage Membership



The Buyers Advantage Card or offer is not a feature of SAGSSA

*For more information visit
www.remunerator.com.au

Salary packaging is easy with **Remunerator.**

SAVE thousands
\$\$\$ on everyday items,
including groceries, petrol
and more



Take full advantage