

Take full advantage

SALARY PACKAGING APPLICATION FORM – HEALTH AND CHARITIES

Please print clearly

PERSONAL DETAILS						
EMPLOYER						
TITLE (TICK)	<input type="checkbox"/> DR	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> MISS	<input type="checkbox"/> OTHER (SPECIFY)
SURNAME			FIRST NAME			
ADDRESS			SUBURB			
STATE	POSTCODE		DATE OF BIRTH		FAX ()	
WORK TELEPHONE ()			HOME TELEPHONE ()			
MOBILE			EMAIL			
EMPLOYER NAME						
OCCUPATION			LOCATION			
DEPARTMENT			PAYROLL NUMBER			
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>						




YOUR NOMINATED BANK ACCOUNT DETAILS (SAVINGS, CHEQUE OR EVERYDAY ACCOUNT)						
ACCOUNT HOLDERS NAME						
BANK				BRANCH		
BSB	SIX DIGIT NUMBER					ACCOUNT NO.


YOUR ANNUAL SALARY	
PLEASE SUPPLY A COPY OF PAYSリップ OR LETTER OF OFFER THAT INDICATES CURRENT SALARY.	<input type="checkbox"/> COPY ATTACHED 


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 / /
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GENERAL EXPENSE ITEMS UP TO MAXIMUM ALLOWABLE (REFER INFORMATION BOOKLET AVAILABLE FROM HR)	
<p>LOAN</p>  <p>MORTGAGE AND/OR</p>  <p>PERSONAL</p>	<p><input type="checkbox"/> PLEASE PAY THE MAXIMUM ALLOWABLE, OR</p> <p><input type="checkbox"/> ONLY \$_____ PER FORTNIGHT, OR</p> <p><input type="checkbox"/> ONLY \$_____ PER MONTH, TO EITHER:-</p> <p><input type="checkbox"/> TO MY LOAN ACCOUNT</p> <p><input type="checkbox"/> TO MY NOMINATED BANK ACCOUNT</p> <p>IMPORTANT: PLEASE SUPPLY A COPY OF YOUR LOAN STATEMENT – SHOWING REPAYMENT AMOUNT, AND BANK STATEMENTS SHOWING PROOF OF THE DIRECT DEBIT PAYMENT OF THIS LOAN. IF PAYING DIRECTLY TO THE LOAN ACCOUNT THEN A LOAN ACCOUNT STATEMENT WITH ACCOUNT DETAILS AND A BALANCE WILL BE SUFFICIENT. </p> <p>I DECLARE THAT ANY CREDIT DRAWN DOWN FROM THE LOAN FACILITY WILL NOT BE USED TO PROVIDE CASH FOR UNSUBSTANTIATED EXPENSES.</p> <p>SIGNATURE:</p>


CREDIT CARD	
	<input type="checkbox"/> PLEASE PAY THE MAXIMUM ALLOWABLE, OR <input type="checkbox"/> ONLY \$ _____ PER FORTNIGHT, OR <input type="checkbox"/> ONLY \$ _____ PER MONTH
	<p>IMPORTANT: COPIES OF CREDIT CARD STATEMENTS WILL BE REQUIRED TO BE SUBMITTED AS PROOF OF REPAYMENT FOR THE FUNDS TO BE REIMBURSED TO YOUR ACCOUNT.</p>

RENT	
	<input type="checkbox"/> PLEASE PAY THE MAXIMUM ALLOWABLE, OR <input type="checkbox"/> ONLY \$ _____ PER FORTNIGHT, OR <input type="checkbox"/> ONLY \$ _____ PER MONTH, TO EITHER:- <input type="checkbox"/> TO MY NOMINATED BANK ACCOUNT, OR <input type="checkbox"/> DIRECT TO MY AGENT/LANDLORD
	<p>IMPORTANT: PLEASE SUPPLY A COPY OF YOUR TENANCY AGREEMENT, AND BANK STATEMENTS SHOWING PROOF OF THE DIRECT DEBIT PAYMENT OF RENT.</p> <p>- PLEASE SUPPLY A DECLARATION OF RENTAL TERMS IF RENTING FROM SOMEONE OTHER THAN A REGISTERED REAL ESTATE AGENT I.E FAMILY</p>
	<p>LANDLORD BANK DETAILS:</p> <p>BSB: _____</p> <p>ACCOUNT NO.: _____</p> <p>ACCOUNT NAME: _____</p> <p>REFERENCE NO.: _____</p>

REIMBURSEMENT (APPROVED EXPENSE)	
	<p>PLEASE PAY ONLY \$ _____ PER YEAR TOTAL FOR ITEMS WITH GST (EG ELECTRICITY, GAS) PLEASE SPECIFY _____</p>
	<p>PLEASE PAY ONLY \$ _____ PER YEAR TOTAL FOR ITEMS WITHOUT GST (EG PRIVATE HEALTH, SCHOOL FEES, COUNCIL & WATER RATES) PLEASE SPECIFY _____</p>
	<p>PLEASE SUBMIT WITH APPLICATION INVOICE (BILL) OR RECEIPTS DATED UP TO 12 MONTHS PRIOR TO PACKAGE COMMENCEMENT OR FAX WITH CLAIM FORM TO 03 9882 5444 OR POST TO PO BOX 7296 MELBOURNE 3004. MONEY WILL BE PAID TO NOMINATED ACCOUNT. CLAIM FORMS CAN BE DOWNLOADED FROM WWW.REMUNFRATOR.COM.AU</p>

SALARY PACKAGING CARD PAYMENT (APPROVED EXPENSE)	
	<p>PLEASE PAY ONLY \$ _____ THRESHOLD CARD <input type="checkbox"/></p>
	<p>PLEASE PAY ONLY \$ _____ MEALS CARD <input type="checkbox"/></p>

MEALS ENTERTAINMENT	
	<input type="checkbox"/> PLEASE PAY ONLY \$ _____ PER YEAR TOTAL
	<p>PLEASE SUBMIT WITH APPLICATION INVOICE (BILL) OR RECEIPTS DATED UP TO 12 MONTHS PRIOR TO PACKAGE COMMENCEMENT OR FAX WITH CLAIM FORM TO 03 9882 5444 OR POST TO PO BOX 7296 MELBOURNE 3004. MONEY WILL BE PAID TO NOMINATED ACCOUNT. CLAIM FORMS CAN BE DOWNLOADED FROM WWW.REMUNERATOR.COM.AU</p>

ACCOMMODATION	
	<input type="checkbox"/> PLEASE PAY ONLY \$ _____ PER YEAR TOTAL
	<p>PLEASE SUBMIT WITH APPLICATION INVOICE (BILL) OR RECEIPTS DATED UP TO 12 MONTHS PRIOR TO PACKAGE COMMENCEMENT OR FAX WITH CLAIM FORM TO 03 9882 5444 OR POST TO PO BOX 7296 MELBOURNE 3004. MONEY WILL BE PAID TO NOMINATED ACCOUNT. CLAIM FORMS CAN BE DOWNLOADED FROM WWW.REMUNERATOR.COM.AU</p>

DEPENDING ON YOUR EMPLOYER, YOU MAY BE ENTITLED TO PACKAGE BENEFITS OTHER THAN THOSE DESCRIBED ABOVE. PLEASE REFER TO THE INFORMATION BOOKLET FROM YOUR HUMMAN RESOURCES DEPARTMENT OR AT WWW.REMUNERATOR.COM.AU