



Name: _____

PERSONAL INSURANCE

Type of Insurance

- Life Income Protection
 Disability (Lump Sum) Professional Indemnity Insurance

Through Superannuation: YES / NO

Name of Fund:

Policy Number:

Amount: \$ _____ p.a.

Current payment method:

Amount per frequency: \$ _____

Next payment date: ____ / ____ / ____

Frequency: Weekly Fortnightly Monthly Quarterly Yearly Other.....

Payment method to be used (*please tick the appropriate box*):

- EFT** - If Remunerator can pay DIRECT to Supplier electronically either weekly, fortnightly or monthly
- DIRECT CREDIT** - If the Supplier has either a weekly, fortnightly or monthly electronic deduction from your bank account (NOT credit card)
- REIMBURSEMENT** - If you pay the Supplier by cash, cheque or credit card

SUBSTANTIATION REQUIRED

(a) *EFT*

Letter from Supplier specifying the following details:

- amount per period
- frequency of payments
- date payment due
- Supplier's bank account & BSB number where the payments are to be deposited

(b) *By Direct Credit*

Documentation specifying the following details:

- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number from where the payments are deducted
- copy of policy document displaying policy no.

(c) *Reimbursement (applicable for ALL payments)*

A copy of the receipt attached to a "Reimbursement Claim Form" at the time of claim

Employee's Signature _____

Date ____ / ____ / ____



Employee's Signature _____

Date ____/____/____