

Salary Packaging Application/Amendment

My Details

Title	First Name	Surname	
Date of Birth	Email	Mobile	
Current Address			
City	State	Post Code	

My Employment Information

Employer Name	Payroll ID
Department	Location
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual

My Nominated Package Benefit(s)

Reportable Fringe Benefits have CAPS:

- Public Hospital employees \$9,010
- PBI employees \$15,900
- Meal & Entertainment \$ 2,650

Please keep these CAPS in mind and nominate the Salary Package deduction and the amount to be paid, per pay cycle, to the following benefits.

Weekly Pay Cycle
 Fortnightly Pay Cycle
 Monthly Pay Cycle

Reportable Expenses *(Tick Applicable Items)*

- | | |
|--|---|
| <input type="checkbox"/> Mortgage Repayments | <input type="checkbox"/> Private Home Rental |
| <input type="checkbox"/> School & University Fees | <input type="checkbox"/> Personal Loan |
| <input type="checkbox"/> Household & Living Expenses | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Motor Vehicle Running Costs* | <input type="checkbox"/> Credit Card Payments |
| <input type="checkbox"/> Life Insurance/General Insurance | <input type="checkbox"/> Child Minding Expenses |
| <input type="checkbox"/> Medical / Dental / Optical Expenses | <input type="checkbox"/> Salary Packaging Card |

Reportable Meal & Entertainment Expenses *(Tick Applicable Items)**

- | | |
|--|---|
| <input type="checkbox"/> Meal & Entertainment Debit Card | <input type="checkbox"/> Reimburse on Claim |
|--|---|

Reportable Expenses *(Tick Applicable Items)*

- | | |
|---|--|
| <input type="checkbox"/> Work Related Laptop | <input type="checkbox"/> Work Related Mobile |
| <input type="checkbox"/> Work Related Electronic Device | <input type="checkbox"/> Briefcase |
| <input type="checkbox"/> Professional Journal Subscriptions | <input type="checkbox"/> Professional Membership Costs |
| <input type="checkbox"/> Self-Education Expenses | <input type="checkbox"/> Superannuation** |
| <input type="checkbox"/> Other Work Related Expenses | |

* Meal & Entertainment Expenses are subject to your Employer's Salary Packaging Policy.

** Salary Packaged Superannuation deductions may be subject to tax administered by your fund and subject to a cap.

* Motor Vehicle Running Costs refers to the Operating Costs of a vehicle NOT included within a Novated or Associate Lease.

Salary Packaging Application/Amendment *continued*

My Expense and Banking Details

You may opt to have your benefit paid into a nominated bank account or via BPAY. Please nominate one method of payment per benefit type in the section below.

			Payment Information		
Benefit Type	Pay Cycle Amount		BSB or Biller Code	Account or Reference	Account Name
	\$	<input type="checkbox"/> EFT, or <input type="checkbox"/> B-Pay			
	\$	<input type="checkbox"/> EFT, or <input type="checkbox"/> B-Pay			
	\$	<input type="checkbox"/> EFT, or <input type="checkbox"/> B-Pay			
	\$	<input type="checkbox"/> EFT, or <input type="checkbox"/> B-Pay			

Substantiation Requirements

We need to substantiate the payment details for the accounts you've nominated. Please provide a copy of the documents listed below for the relevant benefit and ensure they show the Bank Account or BPAY details.

Bank Statement For reimbursement of Mortgage, Personal Loan, Private Home Rental, Health, Credit Card and Education Payments

Statements For direct monthly payments to Credit Cards and Superannuation funds.

Supplier Bill/
Tax Invoice For direct payment for any BPAY payments, Household & Living Expenses, School & University Fees, Medical Expenses, Insurance Premiums, Motor Vehicle Running Costs and Exempt Benefits

Please note that the Bank Statements and Statements can be up to 3 months old and the Tax Invoices not older than the current FBT year.

The Declaration

By submitting this form, I declare:

- I acknowledge that I have read the relevant 'Guide to Salary Packaging' for each nominated expense and agree to observe the requirements regarding the proof of expenditure and agree to the fees and charges deductions.
- I acknowledge that I have read my Employer's Salary Packaging Policy and reviewed and signed the Participating Employee Agreement.
- I authorise my Employer to deduct these amounts and any applicable FBT amount from my salary and to alter future deductions as required.
- I have supplied copies of the substantiation documents required to be submitted with this form.
- I acknowledge that payment of the nominated amounts cannot occur until sufficient funds are received from my Employer.
- The information I have provided is true and correct and I understand that by providing false or misleading information I will be responsible for the payment of any penalties and/or costs incurred by my Employer and/or Shakespeare Salary Packaging.
- I acknowledge that it is solely my responsibility to seek my own financial advice independent of Shakespeare Salary Packaging and my Employer.

Date	Signature
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Privacy

To read our privacy policy, please visit www.salarypackagingpeople.com.au/home/privacy-statement/

Terms and Conditions

1. If you have regular payments made, e.g.. lease payment, insurance, these will take precedence over this claim being paid.
2. If you don't fully complete this form, and provide all the supporting documentation, we may return your claim because we can't make the payment.
3. If we suspect that you have made a false claim, we are required to advise your employer who may deny you access to the salary packaging program.

Email to: info@salarypackagingpeople.com.au

Post to: PO Box 669, Geelong VIC 3220

Fax to: 03 5229 9621

Deliver to: 69 Pakington Street, Geelong West

The Salary Packaging People

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