## Salary Packaging Application Form



1. Y	our	Per	son	al D	etails:						
Orga	nisati	ion Na	ame:								
Department: J							Title:		Payroll No:		
Dr	Mr	Mrs	Ms	Miss	First Na	me:	Surname:				
					Date of	Birth:					
Post	al Add	dress									
Suburb:							State:		Postcode:		
						Coi	ntact Details				
Home: Work:							Mobile:				
Ema	il:										
			,	Your	Gross F	ortnightly Incor	me: \$			nt)	
Account Name:											
2. Living Expenses You Wish To Salary Package & Account Payable To:											
Expense Item				Bank	BSB Number (or Biller Code for Credit Card)		Number or ard Number	Transaction Reference Number	Amount Per Fortnight		
						Items w	ithin Capped L	imit			
Mortgage										\$	
Rent										\$	
Credit Card Purchases										\$	

| Repense Item | Bank | Or Biller Code (or Biller Code (or Biller Code) (o

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## 3. Attach Documented Evidence:

You must prove that the payments that Salary Options will make are for legitimate expenses for FBT purposes.

Please attach **Documented Evidence** of every expense you have selected to salary package.

The total value of evidence you supply should equal the amount you wish to salary package for each expense annually. If not, you will need to forward evidence as required in order for Salary Options to continue payments to your account/s. This will mainly apply to Credit Card Purchases and Line of Credit Home Loans.

4. Additional Notes: (Please advise us of any further information we need to be aware of below)								
5. Your Agreement & Declaration:								
The Salary Packaging Policy set down by your Employer offers a number of remuneration options that can be taken as a cash salary and non-cash benefit items. Each staff member is able to select their own salary packaging benefit item/s only from those offered by their employer.								
When entering into this agreement, the employee authorises the payroll deductions to enable payment of the salary packaging benefit and administration fee. Recognising, that the amount of deduction will vary from time to time.								
<ul> <li>Benefit items must be a legitimate expenditure of the employee.</li> <li>Benefit payments can only be made post deduction from a staff members pay. Non payment of the staff member will result in non payment of the benefit.</li> <li>Any changes to the package i.e. employment status, extended periods of leave, banking details, personal details and contact details must be made in writing to Salary Options.</li> <li>Any incorrect information provided to Salary Options that results in a Fringe Benefits Tax will be the liability of the of the employee.</li> <li>If payments are made, whether to the employee or a third-party, in excess of amounts declared as salary packaging, Salary Options on behalf of the employer can take steps to recover these funds.</li> <li>Employee withdrawal from salary packaging must be made in writing to Salary Options giving 30 days notice. Reconciliation of funds will be finalised and any held balance will be either paid out or returned to payroll as determined by employee and employer.</li> </ul>								
Your Declaration: I declare the following;								
I have read and understood the information regarding salary packaging as advised on the Salary Options website.								

Date:

I acknowledge that all written and verbal information provided by Salary Options is specific only to Salary Packaging. The information provided does not constitute financial or taxation advice. Salary Options recommends that employees seek

I have read and agree to the terms and conditions of salary packaging as set down by Salary Options on their web site.

independent financial advise from a qualified Financial Advisor or Accountant.

This form is true and correct to the best of my knowledge.