





# Salary Packaging Cancellation Form

+ Use this form if you wish to cease your salary packaging arrangements.

## Get in Touch

### We'd love to hear from you

If you have a question about this form, or any of your Salary Packaging Employee Benefits:

-  1300 40 25 23
-  [nswhealth@salarypackagingplus.com.au](mailto:nswhealth@salarypackagingplus.com.au)
-  [www.salarypackagingplus.com.au](http://www.salarypackagingplus.com.au)
-  PO Box 7066, Melbourne VIC 3004

## Your Details

Employer Name	<input type="text"/>		
Full Name	<input type="text"/>	Payroll No	<input type="text"/>
Postal Address	<input type="text"/>		
Contact No	<input type="text"/>	Date of Birth	<input type="text"/>
Email	<input type="text"/>		

## Cancellation Details

I wish to cancel my Salary Packaging Arrangement effective from

Would you like to be contacted about maximising your final pay?  YES  NO

**Please Note:** If you have salary packaging card and / or a held balance with SalaryPackagingPLUS, upon termination of salary packaging these funds must be finalised within 30 days. SalaryPackagingPLUS will close the account at the end of 30 days and any remaining balance held will be returned to your payroll. Please contact us to discuss the release of these funds.

If you currently have a Novated Lease you must contact your Lease Provider to advise them of the cancellation of your Salary Packaging Arrangement.

Please tell us the reason for cancelling your Salary Packaging Arrangement

<input type="checkbox"/> Changing Employer	<input type="checkbox"/> End of Contract	<input type="checkbox"/> Maternity Leave
<input type="checkbox"/> Not Financially Viable	<input type="checkbox"/> Retiring	<input type="checkbox"/> Other (Please Specify) <input type="text"/>

## Declaration

I confirm that the information given on this form is true and correct. I understand that SalaryPackagingPLUS will cancel my salary packaging arrangement based on the instructions supplied and that I am liable for any loss or damages, or Fringe Benefits Tax that may be incurred due to incorrect information provided in this form.

Signature	<input type="text"/>	Date	<input type="text"/>
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### Office Use Only

<input type="checkbox"/> Any Held Balance to be paid out on termination	<input type="checkbox"/> Emailed Final Activity Statement
<input type="checkbox"/> Salary Packaging Cards Cancelled & Balance Refunded (ME & SP)	<input type="checkbox"/> If Novated Lease. Emailed advice to contact Leasing Provider.
<input type="checkbox"/> Terminated System File	

### Processed By & Date

<input type="text"/>
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