





Additional Evidence Form

- + This form is for existing customers to submit additional evidence for your existing salary packaged benefits.
- + For meal entertainment claims, please visit our website to download and complete the meal entertainment claim form

Get in Touch

We'd love to hear from you

-  1300 402 523
-  nswhealth@salarypackagingplus.com.au
-  www.salarypackagingplus.com.au
-  PO Box 7066, Melbourne VIC 3004

Name Date of Birth

Employer Payroll ID

Please complete below for additional evidence you wish to add to your account:

Packaged Item	Date Range	Amount	Substantiation Attached
<i>Eg: Credit card statement</i>		\$70.85	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
		Total:	

Use my existing bank account

OR

Financial Institution

BSB Number Account Number

Account Name

Declaration

- I have read and agree to the terms and conditions of salary packaging as set by [NSW Health](#) and [SalaryPackagingPLUS](#)
- The above expenses have been paid by me and have not been reimbursed by my employer or any other party
- I have not previously claimed these expenses through another employer or prior salary packaging arrangement
- The above expenses have not and will not be claimed as a tax deduction
- I acknowledge that any incorrect information provided to Salary PackagingPLUS that results in a FBT liability will be my responsibility

I have read and agree to the Privacy Policy which can be found at <http://www.salarypackagingplus.com.au/privacy>

Signature Date