

# Employee Benefits Application Form

## FBT Exempt Benefits





- + Use this form if you wish to set up salary packaging or claim reimbursement for FBT exempt benefits such as airport lounge memberships, employer provided childcare, relocation expenses and living-away-from-home expenses.
- + For a full list of exempt benefits please contact us or refer to your employer's policy

- I am a new customer (please complete section A)
- I am an existing customer (please complete section B)

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

## Section A - Your Details

Please complete all applicable fields. Please ensure to provide a home contact in case your circumstances change.

Title	<input type="text"/>	Legal Name	<input type="text"/>							
Gender	<input type="text"/>	Date of Birth	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
Payroll ID	<input type="text"/>		Preferred Name:	<input type="text"/>						
Employer	<input type="text"/>									
Facility/Hospital	<input type="text"/>			Pay cycle Name (if known)	<input type="text"/>					
Employment Status	<input type="checkbox"/> Full/Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Fixed Term Contract and End Date:	<input type="text"/>						
Home Address	<input type="text" value="street address"/>									
	<input type="text" value="suburb"/>			<input type="text" value="state"/>			<input type="text" value="postcode"/>			
Postal Address (if different to above)	<input type="text" value="street address"/>									
	<input type="text" value="suburb"/>			<input type="text" value="state"/>			<input type="text" value="postcode"/>			
Primary Email	<input type="text"/>			Secondary Email	<input type="text"/>					
Home Phone	<input type="text"/>			Mobile	<input type="text"/>					
Work Phone	<input type="text"/>									
Are you a Staff Specialist?	<input type="checkbox"/> Yes	Have you salary packaged at any other NSW Health agency since April 1?			<input type="checkbox"/> Yes. Specify where	<input type="text"/>				
	<input type="checkbox"/> No				<input type="checkbox"/> No					

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

**Section B** - Existing Customers

Name

Date of Birth

Payroll ID

**Checklist**

For SalaryPackagingPLUS to set up your new package, we need:

- + Completed Form**
- + Recent Payslip (or 5 payslips if you are casual)**
- + Substantiation e.g. tax invoices**

**Salary Packaging**

You can Salary Package a number of FBT exempt benefits provided specific conditions are met. Exempt Benefits do not count towards your capped limit. We will deposit your payment directly to your nominated bank account on presentation of sufficient substantiation.

**Claim Details**

I authorise SalaryPackagingPLUS to reimburse these claims over  pay cycles

OR

I would like to set up an ongoing deduction of  per pay cycle

**Reimbursement Details**

Item	Date of Receipt	Amount	Evidence
<i>Eg: Tax invoice</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"/>

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](#).
- I have not previously claimed the above expenses through another employer or prior salary packaging arrangement.
- The above expenses have been paid for by myself and have not been reimbursed by any other party.
- I authorise payroll deductions to enable payment of my chosen salary packaging benefit(s) and administration fee.
- I acknowledge that any incorrect information provided to SalaryPackagingPLUS that results in an FBT liability will be my responsibility.
- I have not and will not claim the above expenses as a tax deduction.

Signed

Date