

# Remote Area Benefits Application





- + Use this form to claim for Remote Area Housing benefits such as Rental Payments, Home Mortgage Interest or Residential Fuel. For more information on this benefit please visit our website.
- + **NOTE** - You must be living and working in a remote area as defined by the Australian Taxation Office (ATO) to qualify for this benefit.

- 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 40 25 23
-  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

Facility/  
Hospital

Name

Date of Birth

Payroll ID

Residential  
Address

### Checklist

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

- + Completed form**
- + Recent payslip (or 5 payslips if you are casual)**
- + Substantiation**

You can potentially salary package up to \$18,018 per year towards these benefits, while only 50% is subject to the exemption cap.

### Rental Payment

Please provide copies of the required substantiation of your rental payments and keep originals for your own records. SalaryPackagingPLUS requires either a rental agreement, statutory declaration, tenant ledger or letter from your landlord stating the rental payment amount and the frequency it is due.

Rental Payment Amount Due \$

Frequency Due  Weekly  Fortnightly  
 Monthly  Yearly

**Please Note:**  
This benefit must be paid direct to your real estate or landlord.

Account Name		Financial Institution
<input type="text"/>		<input type="text"/>
BSB Number	Account Number	Transaction Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Mortgage Interest

Please provide copies of required evidence of home loan statements and keep originals for your own records. SalaryPackagingPLUS recommends you supply 12 months of substantiation. Please add up the total value of mortgage interest charges and indicate this amount below. Please also indicate the date range of substantiation you have supplied:

Total Value of Mortgage Interest Substantiation. \$

Date Range  to

**Please Note:**  
You will be ineligible for this benefit if you redraw on your loan or refinance the loan for a higher amount.

### Property Purchase

Please provide a copy of your settlement contract and title deed. The property must be your principal place of residence and be occupied within three months of purchase. For a new build, construction needs to commence within six months. Ask a consultant to prepare a savings calculation to calculate how much to package per FBT year.

Total Value of Substantiation \$

Purchase Date \$

**Please Note:**  
Reimbursement cannot commence until construction is finished and you are occupying the home.

### Residential Fuel Expenses

Please provide a copy of your invoices/bills, as well as proof of payment such as a bank statement to support your claim. You can claim for any household fuel, including gas, electricity or firewood.

Description	Date of Receipt	Amount	Evidence attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I request reimbursement to be made to the following account:

Account Name		Financial Institution
BSB Number	Account Number	Transaction Reference Number

### Declaration

I declare that

- I am an employee of the above stated hospital/facility and have been employed there since \_\_\_\_\_
- This claim is in respect to a remote area housing dwelling
- The dwelling is my usual place of residence (my permanent dwelling)
- I have not previously claimed these same expenses through salary packaging elsewhere
- I have read and agree to the terms and conditions of salary packaging as set by [NSW Health](#) and [SalaryPackagingPLUS](#).
- I authorise payroll deductions to enable payment of my chosen salary packaging benefit(s) and administration fee.
- I understand that I am liable for any Fringe Benefits Tax that may be incurred due to incorrect information provided under this Salary Packaging Arrangement.
- I will inform SalaryPackagingPLUS immediately upon vacating my dwelling or re-locating to another hospital/facility.
- I confirm that the above information is true and correct.

Signature

Date

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

### SalaryPackagingPLUS use only

Authorised on behalf of NSW Health by:

Signature

Date

Print Name