





Employee Benefits Additional Substantiation Form

- + This form is for existing customers to submit additional substantiation 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

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

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|----------|----------------------|---------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Name | <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"/> |
| Employer | <input type="text"/> | Payroll ID | <input type="text"/> | | | | | | | |

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"/> |
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|--|----|-----------------------|----------------------|
| <input type="checkbox"/> Use my existing bank account | OR | Financial Institution | <input type="text"/> |
| | | BSB Number | <input type="text"/> |
| | | Account Number | <input type="text"/> |
| | | Account Name | <input type="text"/> |

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>

I have read and acknowledge the declaration above.

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|