

Personal Details

Title:

First Name:

Surname

Gender:

Date of Birth:

Address:

Suburb:

State:

Post Code:

Phone:

Mobile:

Email:

Employment Details

Employer:

Payroll No:

Pay Cycle:

Site:

EmploymentType:

F/T

Casual

P/T

Staff Specialist

Job Title:

Financial Checklist

Y/N

Do you:

- Have a HECS/HELP debt?
- Make or receive any Government benefit payments?
- Salary sacrifice superannuation?
- Make or receive any child support payments?
- Have a company car or other employer provided benefits? If yes, details?

Have you already packaged this FBT year?

If yes, details?:

Are you covered by private health insurance?

Have you been advised of our fees?

Voluntary HECS/HELP Payments

Y/N

I have HECS/ HELP/ FSS/ VET obligations

Is extra tax required?

Extra tax per pay period:

It is the employee's responsibility to instruct payroll to set up these extra tax deductions. The amount calculated has been based on information provided by the employee and is only applicable for the FBT year in which the calculation has been made, so a recalculation may be necessary annually.

I am also interested in:

(Tick)

Financial Advice

Help with Super

Help with Tax

Vehicle Packaging

Lending

Salary Packaging Options

I would like to package:

The maximum: (Tick) or

Other Amount:

Recurring Reimbursement Declaration

The purpose of this declaration is to obtain reimbursement of identical benefits that will be of equal recurring amounts and be incurred whether monthly, fortnightly or weekly.

Substantiation will need to accompany this form to show the expense has been incurred and your recurring commitment to have the expense reimbursed.

Remember it is your responsibility to notify Prosperity when this expense ceases to be incurred.

I declare that the expense/s listed below are incurred by me on a recurring basis as specified in the following table:

Expense Type	Expense Start Date	Payment Frequency	Payment Amount
E.G Mortgage	01/01/2018	Fortnightly	\$600.00

Benefits paid by Expense Reimbursement

This excludes amounts used for RR above and relates to benefits where individual receipts are submitted. Examples of items that you can submit include:

- Mortgage
- Personal Loan
- Rent
- School Fees
- Utilities
- Private Health Insurance
- Credit card
- Car costs
- Travel

Any receipts must be submitted with an Expense Reimbursement Claim Form.

Nominated Account for Reimbursement

Bank Name:

BSB No:

Account No:

Account Name:

Benefit Cards

Benefit Cards require additional application forms to be submitted.

Everyday Purchase Card

This card is included as part of the normal cap, with any of the benefits that you have selected.

Meal Entertainment Card

This card falls under the Meal Entertainment cap which is separate to the limit that applies to other benefits covered above.

Other Benefits:

If selected, please provide details

Salary Packaging Acceptance

This agreement is between

(the employer)

and

(the employee)

The employer and the employee have agreed to undertake salary packaging on the following terms and conditions:

Cash and Non-Cash Salary

1. For the purpose of salary packaging, salary is the employee's substantive base award salary excluding any higher duties allowances, as at the date of commencement of the salary packaging year. Any increment or other salary increase occurring during the package year is to be taken as a cash component of salary.
2. The employee may elect to sacrifice salary up to the maximum fringe benefit exemption limit as indicated in the Salary Packaging Information Guide. The employee is liable to pay the fringe benefits tax (FBT) on any benefit value in excess of the cap. The employee understands that the reportable FBT amount on their payment summary will be taken into account for most Government surcharges and income tests including but not limited to:
 - Child support obligations;
 - HECS/HELP payment;
 - Medicare levy surcharge;
 - Personal superannuation contribution rebate;
 - Rebate for spouse superannuation contribution; and
 - Superannuation contribution surcharge.
3. The remainder of the employee's salary will be paid as cash on the usual basis by the employer.
4. The employee authorises the employer to reduce the employees' cash salary by the amount of approved employer benefits to be packaged. This refers to administrative costs and the value of packaged benefits. The employee further authorises the employer to disperse the packaged component of salary, including any FBT liability, to the packaging administrator.
5. The employee must pay FBT or reimburse the employer the amount of any liability for any tax, charge, duty, or other payments payable by the employer which arises out of or is connected with this agreement.

Duration of Agreement

This agreement will commence on the first pay period after the processing of all the necessary documentation by both parties.

Subject to any review as provided by this agreement, the agreement if executed prior to 1 April, shall be reviewed on 1 April the following year and thereafter every 12 months on 1 April in order to comply with FBT year reporting requirements.

Disclaimer

The employee releases and hereby indemnifies the employer from all actions, claims, demands and proceedings whatsoever which the employee or any other person has or may have against the employer arising out of or in respect of or in any way connected with any advice received by the employee from the employer, or any remuneration

consultant in connection with this agreement, and all costs, damages and expenses which the employer may incur in defending or settling such actions, claims and proceedings.

Review of the Agreement

Towards the end of each package year, an employee may review the components of their salary packaging agreement and vary their package items for the next package year.

The employer may initiate a review of the employer's salary packaging agreement with the employee in the event of substantial change in circumstances, e.g. change in working hours from full-time to part-time.

Confidentiality and General Conditions

The terms of this agreement remain confidential between the employee and the employer, and relate only to the employee's salary package.

The employee confirms that the package benefit items(s) selected for their salary packaging as per this application form are legitimate expense items, and that payments made under the salary packaging arrangements will only be used to pay these expenses and any expenditure submitted to Prosperity for salary packaging is in accordance with the requirements described in the employers salary package information guide.

The employee authorises and instructs Prosperity to make the payments as outlined in this application form.

If the employee ceases employment with the employer, this agreement will lapse. The employee is under no obligation to participate in salary packaging. The employee may elect at any time to cease salary packaging by giving at least four weeks notice in writing.

Subject to any review permitted under this agreement the employee agrees that the terms of this agreement cannot be varied or terminated without the specific written consent of the employer.

The employee declares that the expenditure has not been previously reimbursed by their employer or any other party.

The employer or Prosperity Salary Packaging is not liable for taxation or any other liabilities, judgments, penalties or outcomes suffered or incurred by the employee resulting from entering into this agreement.

I acknowledge that I have sought or had the opportunity to seek financial advice prior to entering into this salary packaging agreement. As an applicant to participate in the Salary Packaging Scheme I acknowledge that I have read and understand the contents of the document titled 'Salary Packaging Information Guide'.

I understand and accept the offer of salary packaging by my employer on the terms and conditions detailed in this agreement.

I have reviewed / discussed the above items with a Prosperity Consultant:

Consultant's Name:

Date of Consultation: Onsite or Phone

Or

I have elected not to attend with a Prosperity Consultant

Name (print):

Payroll Number:

Signature:

Date:

Please be aware your packaging will not commence until substantiation is supplied.

OFFICE USE ONLY

Notes