

exempt benefits salary packaging application form

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Employment status

1	Employer:	Site:	Payroll ID (see payslip):
	Status: <input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Contract

Personal information

2	Title: Mr / Mrs / Ms / Dr / Prof / Other	
	Surname:	
	Given Names:	
	Date of birth ____/____/____	
	Home address:	
	Postal address (if not same as home address)	Postcode:
	Postal address (if not same as home address)	Postcode:

Contact details

	Private	Business
3	Phone no: ()	Phone no: ()
	Fax no: ()	Fax no: ()
	Mobile phone no:	Mobile phone no:
	Email	

Office use only

4	Date of interview: ____/____/____	Interview site: <input type="checkbox"/> Onsite <input type="checkbox"/> Office <input type="checkbox"/> Phone	Consultant: (initials)	
	Missing info: <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:		
	Checklist completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emp entered into tracker: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Consultant)	
	Consultation Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:		
	Missing info received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tracker updated <input type="checkbox"/> Yes <input type="checkbox"/> No	(Administrator)	
	Noted in Tracker as received: (Administrators initials)	Processed by: (Processors initials)		
	CL Follow Up:			
	Workflow Tracker Noted For: <input type="checkbox"/> Locked <input type="checkbox"/> On Hold <input type="checkbox"/> Obsolete			

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Exempt benefits to be packaged

Please list the benefits you would like packaged by indicating the amount you would like to package per benefit item. Please also indicate which method of payment you prefer.

* Note - Any invoices must be in name of employee to claim

5	Item	Amount \$	Payment Method*		
			ER	RR	DP
	Example: Laptop computer	\$1000	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total	\$			

*Payment Method Details:

- **Expense Reimbursement (ER)** - Prosperity is able to reimburse you for any expenses that you have already paid for. You simply need to submit a copy of your paid tax invoice.
- **Recurring Reimbursement (RR)** - If you wish to be reimbursed for items that you incur regularly you can complete the following page.
- **Direct Payment (DP)** - The item packaged will be paid on your behalf by Prosperity. This method of payment relates to regular periodic payments. For example, payment to your external superannuation fund.

Bank account information

Nominated account for reimbursement

To be completed should a claim for any expense reimbursements occur

6	Type of Reimbursement:	<i>(eg. recurring/expense)</i>
	Financial Institution:	
	Branch:	
	BSB Number: ____ ____ ____ / ____ ____ ____	<i>(must be 6 digits)</i>
	Account Number: ____ ____ ____ ____ ____ ____ ____ ____	<i>(maximum 9 digits)</i>
	Account Name:	<i>(Mr John Smith)</i>

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Substantiation required to be provided with application form based on benefits chosen to be salary packaged.

In order for Prosperity to reimburse you for expenses we require evidence that you have already incurred and paid for the expenses that you are packaging. **Note to be able to salary package a laptop/notebook computer, electronic organiser (PDA) or mobile phone these items MUST BE USED FOR PREDOMINATELY BUSINESS PURPOSES.**

The following table summarises the required substantiation and proof of payment.

7	Item	Substantiation	Proof of Payment Required
	Laptop	Tax Invoice	YES
	All other expenses	Invoice or Bill (copies acceptable)	YES
	Superannuation	Fund Account Details AND letter from the Super Fund confirming that it is a complying fund and will accept contributions.	YES

Notes:

1. Attach copy of receipt(s) and/or tax invoices as proof of payment
2. Attach copy of your payslip
3. Super Fund Compliance letter is attached (only if applying to package superannuation)
4. Fax to 49296855, post to Prosperity Salary Packaging PO BOX 234 NEWCASTLE NSW 2300 or email to sp@prosperityadvisers.com.au
5. Reimbursements will be made by EFT transfer to your nominated bank account in table 6

<input type="checkbox"/>	Please tick
<input type="checkbox"/>	Please tick
<input type="checkbox"/>	Please tick

Recurring reimbursement claim form

When do I need to complete this declaration?

1. The purpose of this form is to obtain reimbursement of identical benefits that will be of equal recurring amounts and be incurred whether monthly, fortnightly or weekly.
2. Substantiation will need to accompany this form to show the expense has been incurred and your recurring commitment to have the expense reimbursed.
3. Remember it is your responsibility to notify Prosperity when this expense ceases to be incurred.

I _____ declare that the expense/s listed are incurred by me on a recurring basis
(employee name)

as specified in table 5.

8	Employee Signature:
	Date:

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Employer authority Signatory: (Finance Manager / Education Senior Accountant / HR Manager)

When do I need to complete this declaration?

Please see your employers appropriate salary packaging fact sheet for confirmation.

I _____ hereby confirm the laptop/PDA/mobile phone mentioned in section 5 is
(authorised signatory name)
used for predominantly business use.

9 Authorised Signature:

Date:

Joint authorisation access

Please complete if you would like to request for an additional person to be authorised to gain access to your Salary Packaging details.

Personal details

10 Employee Name:

Employer:

Payroll Number:

The nominated person will need to advise their full name and your payroll number to gain access to information regarding your Salary Package. Please indicate below type of access allowed.

Allow access to discuss details only

Allow access to make amendments on your behalf

Details of nominated person

11 Name:

Relationship (eg accountant, accountant):

Authorisation declaration

I, _____ authorise _____
(full name) to access my Salary Packaging information, and have provided them with my payroll number.

12 Employee Signature:

Date:

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Salary Packaging acceptance

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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 & Non-Cash Salary

The employee authorises the employer to reduce the employee's cash salary by the amount of approved employer benefits to be packaged. This refers to the administration costs and the value of packaged benefits. The employee further authorises the employer to disperse the packaged component of salary, to the packaging administrator. The remainder of the employee's salary will be paid as cash on the usual basis by the employer.

The employee agrees that this Agreement and his/her salary Packaging Plan will be reviewed by the employer in the event of any legislative changes that could result in the employer being liable for any tax, charge or duty as a result of that legislative change.

Note: The employee agrees to reimburse the employer should any fringe benefits tax liability occur and be payable.

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.

Confidentiality & 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 selected for their salary packaging are legitimate expense items, and were paid for by the employee or associate. Payments made under the salary packaging arrangements will only be used to pay these expenses.

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 14 days notice in writing. The balance of the employees annual administration fee will be charged to the final package deduction.

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.

I acknowledge that I have sought or had the opportunity to seek financial advice prior to entering into this salary package agreement. As an applicant to participate in the employer Salary Packaging Scheme I acknowledge that I have read and understand the contents of the document titled 'Salary Packaging Information Guide'. This document can be obtained from Prosperity Salary Packaging or your employer.

I understand those costs associated with salary packaging will be charged to my salary package. I understand and accept the offer of salary packaging by the employer on the terms and conditions detailed in this agreement.

13 Employee Given Name/s & Surname:

Employee Signature:

Date:

SDA Schools (NNSW) Limited Fringe Benefit Packaging Terms and Conditions

Terms and conditions under which an employee of Seventh-day Adventist Schools (North New South Wales) Limited (Employer) enters into an arrangement with Prosperity Salary Packaging (Prosperity).

- 1 – Prosperity is a specialist salary packaging provider engaged by the employer to provide salary packaging benefits to their employees.
- 2 – Arrangements entered into between Prosperity and the employee are subject to the employer confirming that the employee is entitled to enter into the requested packaging requirement.
- 3 – **The employer strongly advises that employees obtain their own independent tax advice** before entering into a salary packaging arrangement as the employee is responsible for all Fringe Benefit Tax including any Fringe Benefit Tax if their total fringe benefits exceed the \$30,000 rebatable cap.
- 4 – It is the responsibility of the employee to be aware of their packaging arrangements and if there are errors, they are responsible for remedying these with Prosperity as the employer does not have access to the employees packaging details and the arrangement is between the employee and Prosperity.
- 5 – The employee is required to make full disclosure of all relevant financial and other information to Prosperity so that a correct assessment and calculation can be made with respect to the employees packaging arrangement. ***The employee is to remember that employer discounts for school fees and Avondale College Fee are Fringe Benefits and must be disclosed to Prosperity.***
- 6 – When the company has completed their annual Fringe Benefit return and any arrangements that the employee has entered into creates a Fringe Benefit Tax Liability which has not already been deducted from the employee any such tax liability will be deducted from the employee's salary if the employee does not elect to salary package the fringe benefit tax liability. By signing this agreement they employee agrees that the employer may make this deduction. The employer undertakes to notify the employee of any such deductions prior to them taking place and the amount of the deduction will be reasonable and deducted over a maximum of six pay periods.
- 7 - In order to access the employer's salary packaging the employee must accept these terms and conditions. The packaging application cannot be processed until this document is signed and returned to the employer's Human Resources Department.

I _____ an employee of SDA Schools (NNSW) Limited have read and agreed with the above terms and conditions.

Signature

Date