

# APPLICATION FORM

Eastern Health

## SALARY PACKAGING

### 1: PERSONAL DETAILS (Please print in block letters)

|                   |   |                |                               |                                 |                            |
|-------------------|---|----------------|-------------------------------|---------------------------------|----------------------------|
| Employee Number   | Title (Mr, Ms, etc)   | Gender         | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> X |
| Employment Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Fixed Term Contract – Contract End Date: |                |                               |                                 |                            |
| Full Name         | Date of Birth / /   |                |                               |                                 |                            |
| Address           |   |                |                               |                                 |                            |
| Suburb            |   |                | Postcode                      |                                 |                            |
| Home Phone        |   | Business Phone |                               |                                 |                            |
| Mobile Phone      |   | Email          |                               |                                 |                            |

### 2: YOUR PERSONAL BANK DETAILS (Please print in block letters)

| Account Name | BSB | Account Number |
|--------------|-----|----------------|
|              |     |                |

### 3: PACKAGE ITEMS

**Note:** Full-time and Part-time employees salary package a regular dollar amount each fortnight over the FBT year. Casual employees are required to elect a percentage amount up to 80% of their income.

#### TAX FREE LIVING EXPENSES \$9000 CAP

| Benefit   |
|---|
| <input type="checkbox"/> <b>Mortgage / Loan</b> <small>(Attach schedule of repayments from your loan statement)</small>         |
| <input type="checkbox"/> <b>Rent</b> <small>(Attach Rental agreement from real estate/landlord)</small>                         |
| <input type="checkbox"/> <b>Everyday Expenses Visa Card</b> <small>(Complete page 2 of application form)</small>                |
| <input type="checkbox"/> <b>Credit Card Reimbursements</b> <small>(Attach full credit card statements showing payments)</small> |
| <input type="checkbox"/> <b>Other</b> <small>(Attach a copy of paid invoices)</small>   |

**\*DOCUMENTARY EVIDENCE REQUIRED:** To prove payments are being made into legitimate benefit items, please provide copies of evidence as detailed under each package item above.

#### PLUS TAX FREE ENTERTAINMENT BENEFITS \$2650 CAP

| Benefit   |
|---|
| <input type="checkbox"/> <b>Entertainment Benefit Visa Card</b> <small>(Complete page 2 of application)</small> |
| <input type="checkbox"/> <b>Submit Expense Claim</b> <small>(Receipts: Dining, Holiday or Venue Hire)</small>   |

#### ADDITIONAL PRE-TAX SUPERANNUATION

|  |   |
|--|---|
| <input type="checkbox"/> <b>FIRST STATE SUPER Member Number:</b>   | Amount or Percentage: _____   |
| <input type="checkbox"/> <b>HESTA SuperFund Member Number:</b>   |   |
| <input type="checkbox"/> <b>OTHER SUPER FUND or SMSF</b> <small>(We'll send you further information to setup this benefit)</small> |   |
| <input type="checkbox"/> <b>HELP DEBT:</b> I have a HELP debt, I would like to receive information.                                | <input type="checkbox"/> <b>NOVATED LEASING:</b> I am interested in finding out more about Novated Leasing and would like to be contacted by a Smartleasing consultant. |

### 4: COSTS

I understand that any applicable administration costs will be deducted from my pre-tax salary.

### 5: ACKNOWLEDGEMENT AND CONSENT

I wish to apply to participate in the Eastern Health Salary Packaging program. I have read, understood and accepted the Terms and Conditions of Salary Packaging at Eastern Health, which is available on the Eastern Health salary packaging website [www.ehsalpack.com.au](http://www.ehsalpack.com.au).

Employee Signature

Date / /



## SALARY PACKAGING CARD

Before proceeding with this application, we recommend you read our Salary Packaging Card Product Disclosure Statement for product information and terms and conditions of use.

Please select the card/s you wish to apply for:  Everyday Expenses Card  Entertainment Benefit Card

Are you an existing BankVic member?  Yes  No If yes, please provide your Member number (if known)

Please provide your Qantas Frequent Flyer membership number if you wish to earn Qantas Points on your card transactions.

Are you a permanent resident of Australia?  Yes  No Are you a citizen of any country other than Australia?  Yes  No

If yes, please list all countries of citizenship

Are you required to pay tax in any country other than Australia?  Yes  No

If yes, please state all countries where tax is payable

We may contact you for further criteria on the application in relation to Division 396 of the Taxation Administration Act 1953.

A politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internationally in a government body or an international organisation.

Are you, or are you a relative of, a Politically Exposed Person?  Yes  No

## ADDITIONAL CARDHOLDER

Would you like to apply an additional card on the same account?  Yes  No If yes, we will email you with more information

## APPLICANT IDENTIFICATION

**BankVic requires you to include a copy of your photo identification with this application.**

| Identification Document Details     | Primary Cardholder |
|-------------------------------------|--------------------|
| Document type (eg Driver's Licence) |                    |
| Issued by (eg Victoria)             |                    |
| Document number                     |                    |

## DECLARATION BY APPLICANT

Please read and sign

- I apply to be admitted to the Police Financial Services Limited ABN 33 087 651 661 ("BankVic") as a non-paying shareholder. I understand that should I take up any additional products and services from BankVic, I am required to pay \$10 to be allotted ten shares (\$1.00 each).
- I agree to be bound by the Constitution of BankVic and pay all charges imposed or levied by BankVic in accordance with the Corporations Act and charges set from time to time in relation to the operation of my account/s and provision of services.
- I have reviewed and read the Salary Packaging Card Product Disclosure Statement relating to the account/s, services and access option/s that I have applied for, and agree to be bound by them.
- I understand that I am responsible at all times for the use and security of all of my Access Passwords being Access Codes, Keywords, Passwords and Personal Identification Numbers (PINs) used in accessing my account/s and that I am liable for losses that I may suffer arising from any failure by me to properly secure and protect these and in choosing any of these I must not use a numeric or alphabetical code representing my birth date or a recognisable part of my name.
- I authorise BankVic to use and/or disclose my personal information for the purpose of considering this application, administering the products and services they supply to me and where reasonably necessary in doing so to third parties associated with BankVic and its providers.
- I consent to BankVic collecting, using, handling and disclosing personal information from me as permitted under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act). (Under this Act, BankVic is required to verify certain identification information prior to providing you with our products and services.) I consent to BankVic verifying my identity electronically and acknowledge that BankVic will provide details such as my name, address and date of birth to an outsourced service provider who will electronically match my details against government databases. I understand that it is an offence under the AML/

CTF Act to give false and misleading information and that if I supply incomplete or inaccurate information BankVic may not be able to provide me with products or services. In collecting personal information, BankVic is subject to and will abide by the obligations of the Privacy Act 1988, which regulates the collection, use, disclosure, quality and security of personal information. A copy of our Privacy Policy is available at [bankvic.com.au/privacy](http://bankvic.com.au/privacy), at any branch or by calling 13 63 73.

- You must be a Qantas Frequent Flyer program member to earn and redeem Qantas Points and your Qantas Frequent Flyer membership number must be linked to your BankVic Salary Packaging Visa debit card account. Qantas Points will be automatically credited to your Qantas Frequent Flyer account each month. Membership is subject to the Qantas Frequent Flyer program terms and conditions, available at [qantas.com/terms](http://qantas.com/terms). The primary account holder may nominate an additional card holder, however only one Qantas Frequent Flyer membership number, which must belong to the primary account holder, may receive Qantas Points earned on the card account.
- You agree to BankVic providing your statements electronically via Internet Banking at least every 6 months, and that you will not be notified when they become available.
- I have been truthful in all information provided in this application.

From time to time, BankVic may contact you with information about our products, services and promotions through mail, telephone, email or SMS. However, you may request that we do not provide you with direct marketing information.

Tick here to opt out

**Signature must be handwritten, not digitally signed**