Reimbursement Claim Form Income Protection Insurance

SALARY PACKAGING

1. Employee Name	Employee Number
Email	Phone Number

Please note the following conditions:

- A COPY of the receipt (s) and /or paid tax invoice, evidence provided can only be backdated within 12 months.
- Income Protection Insurance Benefit claims require a copy of your bank statement and copy of your policy.
- All unsigned reimbursement claim forms will not be processed and will be returned unpaid.
- All reimbursements will be made via EFT to your nominated bank account.
- An Administration fee of \$30 + 4% of the claimed amount will be applied to each claim submitted.
- Eastern Health Everyday Expenses or Entertainment Benefit Visa Cards are not to be used to purchase Income Protection Insurance.

2. Details of Expenses being claimed:

Payment Description	Payment Date	Amount Paid
	Total Claim Submitted:	\$

3. Bank Account Details: (Please nominate bank account where funds will be deposited)

Bank Account Name	BSB	Account Number	
4. Pay Deductions - Please nominate the number of pay periods (Please note: where you do not nominate deductions, your claim will be c	Pays:		

5. Taxation Declaration

- I declare that I understand and have complied with the above conditions.
- I declare that I have not or will not make duplicate claims for reimbursement for the same expense from Eastern Health. The receipts attached have not been and will not be used by any other person.
- I declare that the expenses as claimed on this reimbursement have been incurred by myself, partner or family member within my household.

Employee Signature	Date	
C/- Eastern Health Distribution Centre 481 - 493 Maroondah Hwy Ringwood VIC 313 p 1300 361 669 f 03 9879 8703 e salarypackaging@easternhealth.org.a		

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