

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"/> Mortgage / Loan <small>(Attach schedule of repayments from your loan statement)</small>
<input type="checkbox"/> Rent <small>(Attach Rental agreement from real estate/landlord)</small>
<input type="checkbox"/> Everyday Expenses MasterCard <small>(Complete page 2 of application form)</small>
<input type="checkbox"/> Credit Card Reimbursements <small>(Attach full credit card statements showing payments)</small>
<input type="checkbox"/> Other <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"/> Entertainment Benefit MasterCard <small>(Complete page 2 of application)</small>
<input type="checkbox"/> Submit Expense Claim <small>(Receipts: Dining, Holiday or Venue Hire)</small>

ADDITIONAL PRE-TAX SUPERANNUATION

<input type="checkbox"/> FIRST STATE SUPER Member Number:	Amount or Percentage: _____
<input type="checkbox"/> HESTA SuperFund Member Number:	
<input type="checkbox"/> OTHER SUPER FUND or SMSF <small>(We'll send you further information to setup this benefit)</small>	
<input type="checkbox"/> HELP DEBT: I have a HELP debt, I would like to receive information.	<input type="checkbox"/> NOVATED LEASING: 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.

Employee Signature

Date / /



Salary Packaging and Meal Entertainment Card Application Form

Your Salary Packaging Card Details

Select the benefit you'd like to apply for (if you'd like both, tick both options)

EML - Everyday Expenses Card

Please select one of the following: **Full Cap** **Or** **Amount per pay** **\$**

EML - Entertainment Benefit Card

Please select one of the following: **Full Cap** **Or** **Amount per pay** **\$**

Customer Declaration

1. I request to receive a Salary Packaging and Meal Entertainment Card and agree to receiving disclosures about this card online. I understand that the **Product Disclosure Statement** is available online (ehsalpack.com.au/faqs-and-forms/forms-and-information/) and **Financial Services Guide** is available online (ehsalpack.com.au/faqs-and-forms/forms-and-information/) and further information on how to activate my card will be sent to me with my card.
2. I understand the Salary Packaging and Meal Entertainment Card is issued by EML Payment Solutions Limited ABN 30 131 436 532 AFSL 404131 (EML).
I understand EML is not responsible for my salary deduction arrangements.
3. I confirm where information has been provided on behalf of a partner cardholder, the partner cardholder has provided me authority to request a Eastern Health Salary Packaging and Meal Entertainment Card on their behalf.
I understand I will be liable to:
 - EML;
 - my employer; and
 - my salary packaging providerfor any loss arising from the use of the card by the partner cardholder.
4. I authorise Eastern Health to request and pay the Card fee as part of my salary packaging arrangement.

Signature

Date

Important: This section **must** be signed for your application to be processed.



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