

# SALARY PACKAGING FACT FORM

## Aged and Disabled Care Payments

### About Aged Care and Disability Costs – Packageable within your limits

- You may package this benefit if you have expenses for parents, partners or dependents who need nursing care because of old age or physical or mental disability.
- The options for payments of this benefit are direct payment to the supplier or reimbursement to you.

### You will need:

- A copy of the invoice
- For direct reimbursement you will also need to supply proof of purchase
- For regular reimbursement of direct debit you will also need to supply bank statements showing direct debit from the account

If you are amending an existing salary package and wish to include this benefit option as a regular payment or reimbursement, you will need to complete the form below and submit it with your amendment form.

### Aged and Disabled Care Payments

**Employee Name:** \_\_\_\_\_

Name of Aged Care /Disability Services Provider _____	
Payment Amount                      \$ _____	
<input type="checkbox"/> <b>Option 1</b> - Irregular or single payments only.	
Attachment Required:	<ul style="list-style-type: none"> <li>➤ Submit invoice for payment; or</li> <li>➤ Submit the invoice and receipt for reimbursement.</li> </ul>
<input type="checkbox"/> <b>Option 2</b> – Regular direct payment	
Payments to be made:	Weekly   Fortnightly   Monthly   Quarterly   Annual only (please circle). There is a regular due date ( <i>eg on 15th of each month</i> ). Please give details: _____
Attachment Required:	<ul style="list-style-type: none"> <li>➤ Submit invoice with your application for RemServ to pay this benefit directly to the supplier.</li> <li>➤ Submit copy of supplier document showing account details if this benefit can be paid directly by electronic funds transfer (EFT).</li> </ul>
<input type="checkbox"/> <b>Option 3</b> - Regular reimbursement of direct debit.	
This direct debit occurs:	Fortnightly Monthly _____ (date) Quarterly _____ (date) Annually _____ (date)
Declaration:	I understand that I must notify RemServ as soon as the direct debit ceases or changes in amount.  Signed: _____ Date: _____
Attachment Required:	<ul style="list-style-type: none"> <li>➤ Copy of invoice.</li> <li>➤ Bank statement(s) showing direct debits from the account or copy of supplier's direct debit confirmation.</li> </ul>
<div style="display: flex; justify-content: space-between;"> <span><b>Total amount to package per year</b></span> <span>_____</span> </div>	

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