

# Child Care Declaration

I, .....,  
(Employee Name)

employed by.....,  
(Agency/Organisation)

understand that by salary packaging my child care payments, I may be ineligible or have a reduced claim to the Child Care Benefit (CCB).

Signature: ..... Date: .....

## For more information regarding Child Care Benefit

Call the Family Assistance Office on **13 6150**  
Visit internet site at [www.familyassist.gov.au](http://www.familyassist.gov.au)  
Call Medicare on **13 2011**

RemServ  
GPO Box 424  
Brisbane QLD 4001  
**Fax: 1300 30 18 66**

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