

SALARY PACKAGING FACT FORM

Child Care Fees (non employer owned)

About Child Care Fees – Packageable within your limits

- Your fees in relation to childcare supplied by a registered childcare provider not located on your employer's premises can be salary packaged.
- Please note that if requesting a direct debit reimbursement, details of the length of the request (eg age of child or circumstance) should be provided otherwise the arrangement will be set up for a fixed term of no longer than one year and it will be your responsibility to forward renewal information once that fixed term is completed.
- 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, you will need to complete the form on the next page and submit it with your amendment form.

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Child Care (Non Employer Owned)

Employee Name _____

<input type="checkbox"/> Option 1 - Regular direct payment to supplier.	
Payments to be made:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual only <input type="checkbox"/> There is a regular due date (eg on 15th of each month). Please give details: _____ Name of service provider : _____ Lodgement Reference Code : _____ Account Name: _____ BSB : _____ - _____ Account Number: _____ Amount to be paid to this account \$ _____
Attachment Required:	<ul style="list-style-type: none"> ➤ Submit copy of invoice with your application. ➤ Submit supplier letter or statement confirming account details if direct payment is required.
<input type="checkbox"/> Option 2 - Single Payment/Reimbursement Upon Request.	
Attachment Required:	<ul style="list-style-type: none"> ➤ Submit invoice for payment with your payment / reimbursement claim form; or ➤ Submit the invoice and receipt for reimbursement. ➤ A copy of the invoice and bank statement showing the direct debit.
<input type="checkbox"/> Option 3 - Pay deduction or direct debit to be reimbursed.	
This payment occurs:	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly _____ (date) <input type="checkbox"/> Quarterly _____ (date) <input type="checkbox"/> Annual _____ (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"> ➤ Copy of invoice ➤ Bank statement(s) showing direct debits from the account or copy of supplier's direct debit confirmation.
Child Care Declaration:	I, (Employee Name) understand that by salary packaging my Child Care payments, I may be ineligible or have a reduced claim to the Child Care Benefit (CCB). Signed: Date: / /
Total amount to package per year	
Total amount to package per fortnight	

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