

SALARY PACKAGING FACT FORM

Insurances

This Fact Form covers the following Full FBT benefits:

- Health Insurance
- Home / Contents Insurance
- Motor Vehicle Insurance
- Trauma / Life Insurance

You will need:

- To supply a copy of the invoice.
- For reimbursement of a direct debit you will also need bank statements showing the direct debit from the account.
- For reimbursement you will also need to submit the proof of payment and complete the attached Payment / Reimbursement Claim Form.
- If you are amending an existing salary package and wish to include the Insurance benefit option, you will need to complete the Salary Packaging Amendment Form.
- For one off reimbursement you will also need to submit the proof of payment and complete the attached Payment / Reimbursement Claim Form.
- For regular reimbursement of direct debit you will also need to supply bank statements showing direct debit from the account or supplier confirmation of the direct debit.
- For regular reimbursement to you of a regular pay deduction, please submit two current payslips showing regular deductions and include your bank account details.

Additional information:

Health Insurance

- You may choose to salary package the premium costs associated with private health insurance for you and your dependents. The amount you package should not include the amount that the Government pays as a rebate.
- Please note that if transferring to a direct payment to the health fund through RemServ, you may need to advise the change in payment methods in the event that a claim is made in the period between your last payment and the first payment made by RemServ.

Home / Contents Insurance

- Home insurance and contents insurance can be salary packaged.
- You may choose to salary package the premium costs associated with the home and contents insurance for your primary place of residence.

Motor Vehicle Insurance

- Please note that RemServ is unable to action change of CTP insurer requests, so if you would like to change your CTP provider, we recommend you do so before submitting this form.

Trauma / Life Insurance

- Your packaging can include payments to a recognised insurance provider for trauma or life insurance coverage for yourself, your spouse and / or your dependents.
- For those life insurance premiums that contain an investment component, the policy must contain a life insurance component and the investment component of the premium must be bona fide directed towards a long-term investment strategy.

Privacy Notice

RemServ is committed to protecting the privacy and rights of its customers. Our Privacy Policy contains important information about how we collect, hold, use and disclose personal information. It explains what happens if we cannot collect your personal information, as well as how you can access and correct the personal information we hold about you, or make a complaint. If you do not wish to receive promotional material from us, or would like a copy of our Privacy Policy, please contact us on 1300 30 39 40. Our Privacy Policy is also available at remserv.com.au.

Insurances

Employee Name _____	
1. Name of Insurer: _____ Insurer's address: _____ _____	2. Name of Insurer: _____ Insurer's address: _____ _____
Policy/Membership No: _____	Policy/Membership No: _____
Payment Amount \$ _____	Payment Amount \$ _____
<input type="checkbox"/> Option 1 - Irregular or single payments only.	
1. Name of Insurer: _____ Insurer's address: _____ _____	2. Name of Insurer: _____ Insurer's address: _____ _____
Attachment Required:	<ul style="list-style-type: none"> ➤ Submit invoice for payment; or ➤ Submit the invoice and receipt for reimbursement with attached payment/reimbursement claim form.
<input type="checkbox"/> Option 2 - Regular direct payment.	
Payment to be made:	<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 15th of each month). Please give details: _____
Attachment Required:	<ul style="list-style-type: none"> ➤ Submit invoice with your application for RemServ to pay this benefit directly to the supplier. ➤ Submit copy of supplier document showing account details if this benefit can be paid directly by electronic funds transfer (EFT).
<input type="checkbox"/> Option 3 - Regular reimbursement of direct debit.	
Account Name: _____	
BSB: _____ - _____ Account Number: _____	
This direct debit 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.
Amount to package per year	

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Payment / Reimbursement Claim Form

My Employer is _____ **RemServ ID Number** _____

First Name _____ Surname _____

My Address _____

Post Code _____

Contact Telephone Number/Mobile: _____

Please tick if you have a novated lease motor vehicle through RemServ

Direct Payments

Due Date	Payment for	GST component	Total amount
TOTAL			

Reimbursements (expenses already paid)

Receipt date	Payment for	GST component	Total amount
TOTAL			

Note: Copies (not originals) of invoices and/or receipts must accompany this request to enable payment / reimbursement to be processed.

Where there are insufficient funds to meet the request RemServ will make partial payments unless otherwise advised.

Payments will be made by electronic funds transfer (EFT) to the account number below:

_____ BSB Number	_____ Account Number
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I hereby declare that the attached invoice/s and receipt/s are for expenses incurred privately by myself or by my dependents and are not to be used for any other tax deductible purpose and are budgeted for within my salary package.

Signature _____ Date _____

Send your request to RemServ at GPO Box 424, Brisbane QLD 4001 or by fax 1300 30 18 66

Office Use Only

<input type="checkbox"/> EFT <input type="checkbox"/> BPay <input type="checkbox"/> Cheque	Direct/Reim Processed by.....	Date.....
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