

Step Two – Sign the agreement



Salary Packaging Participation Agreement

This Agreement is BETWEEN:

UnitingCare Health (the Employer) AND

_____ (the Employee).

Print Employee name

UnitingCare Health has elected to offer the Employee the option to participate in salary packaging.

UnitingCare Health offers the Employee the option to participate in salary packaging on the following terms and conditions:

SALARY PACKAGE TERMS

UnitingCare Health and the Employee agree on the following terms and conditions:

All salary packaging arrangements must be on a prospective basis.

Salary packaging will be transferred fortnightly by UnitingCare Health.

The Employee may elect to avail of one or more of the benefit items approved by UnitingCare Health for salary packaging purposes.

The participation of the Employee in the salary packaging arrangements shall be at no cost to UnitingCare Health.

Any taxes, charges, fees, or other costs associated with salary packaging shall be the responsibility of the Employee.

Any additional costs incurred as a result of termination or cessation of the Employee's salary package, shall be the responsibility of the Employee.

If any part of the salary package has been paid in advance by UnitingCare Health or RemServ and this arrangement is subsequently terminated for whatever reason, the amount which has been paid is more than the pro-rata entitlement at the date of termination, shall be deducted from the Employee's termination of employment payment from UnitingCare Health in the calculation of all statutory leave entitlements by the Employer. If the Employee's termination of employment payment is not enough to cover the deduction, UnitingCare Health may recover the difference from the Employee as a debt due to UnitingCare Health.

Where there is a statutory obligation on the Employee to pay any applicable FBT, the Employee undertakes to pay immediately the equivalent of such amounts to UnitingCare Health in reduction of any amount owing under this agreement.

In the event of the Employee's termination of employment with UnitingCare Health for any reason whatsoever, the calculation of all statutory leave entitlements such as long service and recreation leave shall be at the rate applicable to the Employee's superannuable salary.

On completion of the package year the balance in the fund will be rolled over to the next package year unless otherwise advised in writing to RemServ.

FINANCIAL ADVICE

The Employee acknowledges that it is a recommendation of UnitingCare Health that independent financial advice is sought prior to the participation in full salary packaging.

SALARY PACKAGE COMPONENTS and REVIEW

The components of the salary package may be changed as near as practical but prior to the completion of the package year which shall end as at 31st March of each year, with the consent of UnitingCare Health.

However, under any of the following defined circumstances:

- inclusion of a motor vehicle;
- separation of the employee from their spouse;
- death of a partner or spouse;
- divorce from spouse;
- ill health of employee or immediate family member;
- extended leave including parental leave;
- substantial change to your salary (decrease of more than 10%);

the Employee shall have the right to initiate a review of the components of the salary package prior to the completion of the package year.

In the event of exceptional or unintended circumstances, UnitingCare Health may agree to prospectively vary the components of the Employee's salary package.

In the event that there are changes relating to:

- (a) Fringe Benefits Tax (FBT) legislation;
- (b) the introduction of any State equivalent to Fringe Benefits Tax legislation; or
- (c) the way in which any Fringe Benefits Tax legislation is interpreted;

the salary packaging agreement between RemServ and UnitingCare Health and this agreement between UnitingCare Health and the employee will be renegotiated.

Until such time as this agreement is varied following changes to the FBT status of UnitingCare Health, any FBT liability from this agreement will be the responsibility of the Employee and the Employee indemnifies UnitingCare Health in respect of any FBT liability borne by UnitingCare Health arising out of this Agreement.

ADMINISTRATION

RemServ, Level 17, 69 Ann Street, Brisbane has been appointed by UnitingCare Health to administer UnitingCare Health's salary packaging arrangements. Salary packaging will be administered by RemServ in consultation with UnitingCare Health.

The Employee must pay the fees for salary packaging in accordance with the arrangement terms.

CONFIDENTIALITY AND ACKNOWLEDGEMENT

The terms of this agreement replace all previous agreements between the Employee and UnitingCare Health in relation to salary packaging and are to remain confidential between said parties.

The terms and conditions agreed between the Employee and UnitingCare Health herein relate only to the Employee's salary package.

It is acknowledged and accepted by the Employee that UnitingCare Health and RemServ are not liable for taxation, charges, fees, costs or any other liabilities, judgments, penalties or outcomes suffered or incurred by the Employee as a result of entering into, or arising out of, this salary package arrangement and the Employee indemnifies UnitingCare Health and RemServ in respect of any such taxation, charges, fees, costs, liabilities, judgments, penalties or outcomes that UnitingCare Health and RemServ may suffer.

In accepting this offer of salary packaging the Employee confirms that the benefit items selected for the package are legitimate expense items, and are funds availed of by the Employee under the salary package arrangement.

The Employee acknowledges that, in the event of cessation of employment or promotion, assignment, redeployment, transfer or secondment out of UnitingCare Health, they will immediately notify RemServ.

PARTICIPATION OBLIGATION AND CESSATION

The Employee may elect at any time to cease salary packaging by giving at least fourteen days notice in writing to RemServ and UnitingCare Health. The fee to administer termination of salary packaging is \$50.00.

The administration fee must be paid prior to the cessation date. Payment will be made from the salary package account. Where funds are not available, RemServ will request deductions from the employee’s pay to meet this requirement.

Any funds available on termination or cessation of participation in the salary package cannot be taken as a cash payment. Funds must be utilized for benefit payments or may be returned to payroll by RemServ to be paid as salary and taxed accordingly.

The employee may recommence salary packaging only with the agreement of UnitingCare Health.

This agreement does not start until:

1. this agreement and all other necessary documents for the salary package arrangement have been signed by all parties to them; and
2. RemServ has received the documents referred to in point 1; and
3. UnitingCare Health has received advice from RemServ that RemServ has received the documents referred to in point 1.

Nothing in this participation agreement limits the rights UnitingCare Health has against the Employee.

INTERPRETATION

In this Agreement, unless the context otherwise indicates –

“**Salary Packaging**” in this agreement means the arrangement, which allows salary to be taken as benefits before tax and administered by RemServ.

“**RemServ**” means Remuneration Services (Qld) Pty Ltd, ABN 4609 317 3089 at Level 17, 69 Ann Street Brisbane.

“**Benefit Items**” means payments made by RemServ, on behalf of UnitingCare Health, on behalf of the Employee for benefits in lieu of salary.

I have read and understood and accept the offer of salary packaging on the terms and conditions outlined herein.

EMPLOYEE

Name.....
(please print)

Signed..... Date:...../...../.....

EMPLOYER’S AUTHORISED OFFICER

Name.....
(please print)

Signed..... Date:...../...../.....

Step Three – Choose your benefits and calculate amounts (excluding novated lease)

Please enter the amount for the items you have chosen. Please leave blank those items not packaged. Make sure you include the information pages so that RemServ can make the payments correctly.

Items attracting FBT	Amount to package per FBT year	Information page(s) needing completion with your application
<input type="checkbox"/> Aged and Disabled Care	\$	Include the Aged & Disabled Care Fact Form
<input type="checkbox"/> Child Care Fees (non employer owned)	\$	Include the Child Care Fact Form
<input type="checkbox"/> Credit Card	\$	Include the Credit Card Payments Standard Fact Form
<input type="checkbox"/> Financial Adviser Fees	\$	Include the Financial Adviser Fee Fact Form
<input type="checkbox"/> Health Insurance	\$	Include the Health Insurance Fact Form
<input type="checkbox"/> HELP/ School Fees	\$	Include the HELP/School Fees Fact Form
<input type="checkbox"/> Home Loan	\$	Include the Home Mortgage Fact Form
<input type="checkbox"/> Home Rental	\$	Include the Home Rentals Fact Form
<input type="checkbox"/> Personal Loan	\$	Include the Personal Loan Fact Form
<input type="checkbox"/> RemServ Wallet – Living Expenses	\$	
<input type="checkbox"/> Savings / Investment Schemes	\$	Include the Savings Investments Schemes Fact Form
<input type="checkbox"/> Third Party Expenses	\$	Include the Third Party Expenses Fact Form

Items attracting **FBT and GST**

<input type="checkbox"/> Club and Association Memberships	\$	Include the Club & Association Membership Fact Form
<input type="checkbox"/> Home Maintenance	\$	Claims can be made as required
<input type="checkbox"/> Motor Vehicle Operating Expenses (not novated lease)	\$	Include the Motor Vehicle Operating Expenses Fact Form
<input type="checkbox"/> Private Travel	\$	Claims can be made as required
<input type="checkbox"/> Third Party Expenses	\$	Include the Third Party Expenses Fact Form
<input type="checkbox"/> Utility (household bills) Expenses	\$	Include the Utilities Fact Form

Items **exempt** from FBT

<input type="checkbox"/> Airport Lounge Membership	\$	Claims can be made as required
<input type="checkbox"/> Disability / Income protection insurance	\$	Include the Disability/Income Protection Fact Form
<input type="checkbox"/> Home Office Expenses	\$	Claims can be made as required
<input type="checkbox"/> Financial Adviser Fees	\$	Include the Financial Adviser Fee Fact Form
<input type="checkbox"/> Portable Electronic Devices	\$	Include the Portable Electronic Devices Fact Form
<input type="checkbox"/> Professional Memberships and Subscriptions	\$	Include the Professional Memberships & Subscriptions Fact Form
<input type="checkbox"/> Relocation Costs	\$	Include the Relocation Costs Benefit Fact Form
<input type="checkbox"/> RemServ Wallet - Meal Entertainment	\$	
<input type="checkbox"/> Self-education Expenses	\$	Include the Self-Education Expense Fact Form
<input type="checkbox"/> Superannuation (non UHC fund)	\$	Include the Superannuation Fact Form
<input type="checkbox"/> Tools of Trade	\$	Claims can be made as required
<input type="checkbox"/> Venue Hire Expenses	\$	Include the Venue Hire Expense Payments Fact Form
<input type="checkbox"/> Work Related Expenses	\$	Claims can be made as required

To stay within your cap limits* ensure that items attracting FBT do not exceed \$8,172 (where GST applies) or \$9,010 (where no GST applies) per FBT year. Please see your adviser if packaging a novated lease as this may have FBT implications.

*Wesley Research Institute staff limits are \$14,421 (where GST applies) or \$15,900 (where no GST applies) per FBT year.

The administration fee applicable will be added to your package and be deducted from your pre-tax pay. Please refer to your salary packaging information booklet for details of the administration fees payable.

Please complete this section if it applies to you. It is your responsibility to ensure that any additional fringe benefits are reviewed as part of your salary packaging as there are fringe benefit tax implications.	
I have non salary packaged fringe benefits (eg car or mobile phone provided by the employer). The Grossed Up Taxable Value (GUTV) per year (estimate) is:	\$

Please contact (tick one) Me My financial adviser if any clarification is required for my application. Please sign the Third Party Authorisation form attached if you wish your adviser to speak to RemServ on your behalf on an ongoing basis.

Important information

This document has been prepared without consideration of the particular investment objectives, financial situation and personal needs of individual employees.

RemServ provides administration and referral services on behalf of employers. It does not provide any form of financial, taxation, or financial product advice to employees on the relative merits of package programs or on any other basis.

RemServ may receive commissions or rebates in connection with some services it provides or arranges to be provided by third parties. By appointing RemServ and utilising its services, you consent to the receipt of such commissions and rebates by RemServ and consent that RemServ is not required to make specific disclosure to you of the amount of such receipts or the manner in which those receipts are calculated.

Privacy Policy

RemServ is bound by the National Privacy Principles of the Privacy Amendment (Private Sector) Act 2000 (Cth), and we have procedures in place to ensure the confidentiality of personal client information.

Our Privacy Policy regulates the type of personal information we collect as well as the use of the personal information. Your personal information is required by RemServ in order to provide salary packaging services.

You can obtain a copy of our Privacy Policy by contacting us on 1300 30 39 40 or from our website www.remserv.com.au.

Step Four – Novated Lease Calculations

Please complete this section with your adviser. If you are not packaging a novated lease, leave this section out and go to step five

Your adviser can calculate the correct FBT and post tax amounts as applicable and should enclose working calculations for checking purposes.

Motor Vehicle Novated Lease

Name of Financier _____	
Financier's address _____	
Capital Cost of Vehicle \$ _____	Estimated kilometres per year: Statutory fraction 20%
Grossed up taxable value of the vehicle based on capital cost and statutory fraction calculation x 2.0802	
Lease Commencement Date:	Lease Expiry Date:
Registration Number (when available)	Opening Odometer Reading (when available)
Model:	Make: Colour (when available):
Payment due date: _____ day of each month.	
Total amount payable to financier each MONTH \$ _____	
Attachment Required:	<ul style="list-style-type: none"> ➤ Copy of finance schedule or quotation if provided and the Deed of Novation. ➤ Please forward the payment book if your financier requires payment using this method. ➤ Copy of financial adviser's worksheet/calculations.
Total amount to package per year for lease payments	

If your novated lease agreement does not include fuel, registration and insurance, you must package this as a separate item and include the details in the next section. A fuel card will be issued to you. See the Information Booklet for further details.

Motor Vehicle Operating Costs for Novated Lease

Registration
 I will submit the invoice(s) for payment.
 I will submit the invoice(s) and receipt(s) for reimbursement.

Total amount to package per year for registration	
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Maintenance
 I will submit the invoice(s) for payment.
 I will submit the invoice(s) and receipt(s) for reimbursement.

Total amount to package per year for vehicle maintenance	
--	--

Fuel
 I am packaging a novated lease and will package a fuel card.
 Fuel card will be provided with my lease through the financier.
 I require a RemServ issued BP fuel card and will submit details below.

Total amount to package per year for fuel	
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Please supply me with a BP fuel card for the vehicle listed below.

Fuel cards can only be issued after the terms and conditions are signed and where all required information is provided. If you do not have all the details below, you can still sign the form and then call RemServ with the details as soon as you have your car. RemServ will order the fuel card once these details are complete.

REGISTRATION NO:	
MAKE:	
MODEL:	
COLOUR:	
FUEL TYPE:	
STARTING ODOMETER READING:	

I understand that my BP Fuel card is a credit card only and payment of the account is ultimately my responsibility. It is understood that RemServ will undertake to pay my account as part of my salary packaging agreement. If at any time my salary packaged funds are insufficient to cover the amount due, it is agreed that RemServ will pay the shortfall on my behalf and any amount paid will be reimbursed to RemServ by me.

It is further agreed and acknowledged that if at any time I cease salary packaging with RemServ any amount owing on my BP fuel card may be paid by RemServ out of my trust fund and if my trust fund is insufficient to clear the amount owing on my BP fuel card, any shortfall will be reimbursed to RemServ by me.

Signed: Date:/...../.....

Name:.....

Motor Vehicle Operating Costs for Novated Lease Cont....

Insurance

Name of Insurer: _____

Payment Amount: \$ _____

Option 1 – Irregular or Single payments only.

Attachment Required: ➤ Submit invoice for payment; or
➤ Submit the invoice and receipt for reimbursement.

Option 2 – Regular direct payment to insurer.

Payments to be made: [] Weekly [] Fortnightly [] Monthly [] Quarterly [] Annual only
 [] There is a regular due date (eg on 15th of each month). Please give details: _____

Attachment Required: ➤ 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).

Option 3 – Regular payment/direct debit to be reimbursed.

Attachment Required: ➤ Please attach copy of invoice and bank statement showing direct debits and Direct Debit Reimbursement Request.

Total amount to package per year for novated lease insurance

Novated Lease Summary

	Per Year
Novated lease total running costs	
FBT provision (where applicable)	
GST on ECM component (where applicable)	

Totals

A	Total before tax pay deduction per year for novated lease	
B	Divide A by 26 (A ÷ 26) fortnights to give the Total Fortnightly Amount Before Tax	
	(Please advise number of fortnights if not 26) You will need to send an amendment if from 1 April next year you will package for 26 fortnights.	Number of fortnights _____
C	After tax contribution (ECM) if applicable per year	
D	Divide C by 26 (C ÷ 26) fortnights to give the Total Fortnightly Amount After Tax	
	(Please advise number of fortnights if not 26) You will need to send an amendment if from 1 April next year you will package for 26 fortnights.	Number of fortnights _____

Please note that post tax contributions should not be less than \$20.00 per fortnight. Post tax contributions attract GST, and the GST on the ECM for the vehicle should be included in the running costs.

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 736 662.

Step Five

If you obtain financial advice please ask your financial adviser to complete this section. If you are completing the forms yourself go straight to Step Six.

Client Details

Employee Name: **Employee Payroll ID No:**

I confirm that the above mentioned employee has attended the required salary packaging consultation and has received financial advice in respect of their individual salary packaging circumstances.

Financial Adviser/Consultant Details

Name:..... Contact Number:

Email:..... Fax Number:.....

Organisation:.....

Postal Address:.....

I confirm that the above mentioned employee has :

- | | |
|---|----------|
| 1. Had all fees disclosed to them | Yes / No |
| 2. Received a statement identifying the effect on take home pay | Yes / No |
| 3. Had the reimbursement process explained where necessary | Yes / No |
| 4. Received a copy of all documents to be lodged | Yes / No |
| 5. A car comparison where applicable | Yes / No |

The following amounts are to be packaged by the employee:

\$ _____ **pre tax** per fortnight (including Administration Fee) to RemServ

The benefit items selected by the employee are in accordance with the salary packaging arrangement for UnitingCare Health as explained in the salary packaging information booklet.

The employee has also chosen to package \$ _____ per fortnight under the **post tax** Employee Contribution Method.

Please specify basis of calculations are or (are not based on 26 fortnights.)

- Calculations are based on 26 fortnights in the year.
- Calculations are based on _____ fortnights.

This document must be attached when documentation is submitted to Remuneration Services (Qld) Pty Ltd.

Financial Adviser Signature:..... Date:...../...../20

CA/CPA/ Dealer/Financial Adviser License No:.....

Registered Panel Adviser Number:

Step Six – Financial Adviser Waiver

If your adviser has completed Step Five omit this step and go straight to Step Seven

I, _____, the undersigned advise that:

(Please print name)

I voluntarily choose not to obtain financial advice to participate in the salary packaging arrangement as I am not packaging items which are subject to the requirement to seek financial advice; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and indemnify my employer and Remuneration Services (Qld) Pty Ltd, their administrators, partners, agents and/or employees, and assigns from and against all actions, claims, demands and proceedings whatsoever which may arise in connection with this arrangement; and,

I willingly agree to comply with the stated and customary terms and conditions for participation.

I have read and understand all of the above and sign it freely and voluntarily without any inducement on this the _____ day of _____, 20____.

Signature _____

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Step Seven – Check and send your application

If you have any questions please contact the call centre on 1300 30 40 10

- Signed Application form is attached
- Signed Participation Agreement is attached
- Fact Forms included where applicable
- Attachments for substantiation included as requested on the fact forms
- You have a financial adviser or financial adviser waiver form signed

Your application (original forms, **not copies**) and all the attachments should be sent to:

Remuneration Services (Qld) Pty Ltd
GPO Box 424
Brisbane QLD 4001

Third Party Authorisation

UnitingCare Health

This form may be used if you wish your partner or financial adviser to act on your behalf to arrange your salary packaging.

I, _____
(Name)

of _____
(Address)

wish to allow another person to be able to speak on my behalf regarding my salary packaging

arrangements and authorise _____,
(Name of person)

my _____
(Nature of relationship eg spouse/partner/financial adviser)

until further notice. I authorise Remuneration Services ('RemServ') to provide him/her with any information which may be requested or which may be necessary to answer any queries. I further authorise RemServ to act on any instructions received from the abovenamed. I understand that I am required to make any changes to this authorisation in writing.

Signed this _____ day of _____, 20____

Signature of Declarant

Name of Declarant (please print)

Witnessed this _____ day of _____, 20____

Signature of Witness

Name of Witness (please print)

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