Salary Packaging Application

AccessPay

Please complete this form and email to AccessPay at **customerservice@accesspay.com.au**
If you would like more information, please call us on **1300 133 697** or visit **accesspay.com.au/contact-us/**

Section 1: Your details

Title		**Gender**	◯ Male ◯ Female ◯ Other
First name		**Last name**	
Preferred name		**Date of birth**	DD/MM/YYYY
Residential address			
	Suburb	**State**	**Postcode**
Postal address (if different to residential address)			
	Suburb	**State**	**Postcode**
Phone (mobile)		**Phone** (work)	
Email (home)		◯ Preferred	
Email (work)		◯ Preferred	

Section 2: Employment details

Employer name			
Position			
Payroll number		**Gross annual salary**	$

Pay frequency

◯ Weekly ◯ Fortnightly ◯ Monthly **OR** Other:

Employment type

◯ Full time ◯ Part time ◯ Casual

Do you have a company car?

◯ Yes ◯ No

Section 3: About you

Do you have a HECS/HELP debt?	◯ Yes	◯ No	**Date to begin salary packaging**
Do you currently make or receive any government benefit payments?	◯ Yes	◯ No	◯ Next pay (add date if known)
Do you have private health insurance?	◯ Yes	◯ No	**OR**
If yes, does it include hospital cover?	◯ Yes	◯ No	◯ Future date Date:

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Section 4: Nominated salary packaging reimbursements

Please refer to your Employer Salary Packaging Policy to determine which benefit items you are eligible to package.

Payment description	Payment amount per pay
	$
	$
	$
	$
Total nominated salary packaging reimbursements*	$

* Excluding AccessPay fee. Payment of the fee will be advised to you prior to your commencement.

Please nominate a bank account in your name to receive your reimbursement(s):

Account information		
BSB	Account no.	Account name

Section 5: Salary Packaging and Meal Entertainment Card

Please select the benefit type(s) you want to include and confirm the amount to be added to your card each pay. Or choose Maximum amount and we will calculate this for you. You will receive an email to confirm this amount.

General living expenses	☐ Yes	☐ Maximum amount or	Amount per pay	$	
Meal and entertainment	☐ Yes	☐ Maximum amount or	Amount per pay	$	

Would you like an additional card?

☐ Yes, complete Section 3 (partner must be 16 years old or over)

Title		Date of birth	DD/MM/YYYY
First name		Last name	
Email			

Salary Packaging and Meal Entertainment Card – Acknowledgements and Consents:

1. I request to receive a Salary Packaging and Meal Entertainment Card and agree to receiving disclosures about this card online. I understand that the Product Disclosure Statement and Financial Services Guide is available online (accesspay.com.au/salary-packaging-card/) and further information on how to activate my card will be sent to me with my card.
2. I understand the Salary Packaging and Meal Entertainment Card is issued by EML Payment Solutions Limited, ABN 30 131 436 532, AFSL 404131 (**EML**).

   I understand EML is not responsible for my salary deduction arrangements.
3. I confirm where information has been provided on behalf of a partner cardholder, the partner cardholder has provided me authority to request an AccessPay Salary Packaging and Meal Entertainment Card on their behalf. I understand I will be liable to:
   - EML
   - my employe
   - my salary packaging provider

   for any loss arising from the use of the card by the partner cardholder.
4. I authorise AccessPay Pty Limited to request and pay the Card fee as part of my salary packaging arrangement.

Section 6: Authorised representative (optional)

I hereby authorise

who is my

to discuss my salary packaging arrangements on my behalf.

Authorised representative contact details	
Phone	
Email	

Section 7: Terms, Agreements, Acknowledgements and Consents

Nominated Benefits & Personal Details – Terms, Agreements, Acknowledgements and Consents

In requesting participation in my employer's salary packaging arrangements, I hereby:

1. Declare that information I have provided is true and correct to the best of my knowledge;
2. Declare that I have read, understood and agree to comply with the Service Provider's Terms and Conditions (available at accesspay.com.au/terms-and-conditions/);
3. Agree to comply with my employer's Salary Packaging Policy and Procedures (if any);
4. Indemnify the Service Provider and my employer against:
   (a) any tax liability (including fringe benefits tax) that arises from my participation in my employer's salary packaging arrangement and accept all responsibility for any tax liability arising as a result of my failure to supply supporting documentation as required; and
   (b) any outstanding balance on my Salary Packaging and Meal Entertainment Card (if applicable);
5. Authorise the Service Provider to, in the event that my salary packaging account is overdrawn, debit my Salary Packaging and Meal Entertainment Card for the overdrawn amount (if applicable);
6. Acknowledge and agree that:
   (a) my salary packaging payments may not be processed until I have provided all supporting documentation and may be reduced and/or suspended until I provide supporting documentation;
   (b) I can only request reimbursements in relation to expenses that have been already paid by me;
   (c) reimbursements can only occur after sufficient funds have been deducted from my salary for the relevant benefit item;
   (d) my salary packaging will not be back-dated for any reduced amounts; and
   (e) upon cessation of my salary packaging account any amounts owed by me in relation to my salary package that have not been collected from my pay must be paid directly by me;
7. Declare that I have read, understood and agree to the AccessPay Privacy Policy (available at accesspay.com.au/privacy/) and consent to the Service Provider collecting, using and disclosing my personal information in accordance with this policy;
8. Declare that I have obtained financial advice about my salary packaging arrangements, or accept responsibility where advice has not been sought.
9. I declare and warrant that I hold (and will continue to hold) original documentation to substantiate any annual expenses that are or become included in the salary package provided to me by my employer from time to time. I understand that I am required to retain these records for a period of seven years.

   I agree to indemnify my employer from and against any Fringe Benefits Tax liability incurred as a result of the parties entering into this salary packaging arrangement, including, without limitation, where I am not able to produce original documentation to support any expense when requested to do so by you or my employer.

In these terms, the "Service Provider" means your provider of salary packaging administration services, being AccessPay Pty Limited.

For certain benefits you have agreed to hold and continue to hold original documentation to substantiate these annual expenses. For other benefits you will be required to supply documents. Examples of the supporting documents needed for each payment and whether you need to provide them or hold them, can be found at accesspay.com.au/supporting documents.

Section 8: Authority

I (your name here)

participate in my above mentioned employer's salary packaging arrangement and I authorise the nominated salary packaging reimbursements to be made on my behalf.

Signature	
Date	DD/MM/YYYY