

SALARY PACKAGING

Employee form - Application form

Please complete this form and email to salarypackaging@trinitas3.com.au

Personal details					
Surname					
First name					
Date of birth					
Address					
State		Postcode			
Email 1					
Email 2					
Home phone		Mobile			
Employer					
Site/office					
Work phone					
Annual Salary	\$		Monthly	Fortnightly	Weekly
Allowances	\$				
Super (employer contribution)		%	\$		
Super (employee contribution)		%	\$		

Which benefits would you like to claim for?			
Novated lease	Tools of trade	Expatriate benefits	
Associate lease	Relocation allowances	Income protection insurance	
Remote area allowances	Investment loan interest	Subscriptions and memberships	
Living Away from Home Allowances	FIFO benefits	Expense benefit items - PBI	

Fees

This form is to record the payment remuneration packaging fees to Trinitas. The following fees will be drawn from your pre-tax salary over a period of two to four pays. The annual administration fee will be deducted on a fortnightly or monthly basis depending on your pay cycle.

Initial consultation			
Associate lease - documentation preparation			
Package implementation	\$		
Associate lease establishment	\$		
Annual administration fee	\$		
Employee signature		Date	
Employer signature		Date	

Terms and conditions

I am eligible to enter into a salary packaging arrangement within the policy guidelines specified by my employer
I acknowledge that I have read the internal policy guidelines (Employee benefits) outlined by my employer and agree to comply with the conditions as contained in the policy and the terms and conditions stated herein
I understand that I can adjust my salary and benefits at any time and that charges may apply
I acknowledge that on cessation of my employment or salary packaging arrangement, adjustments will be made to my entitlements, taking into account any liabilities that may arise
I acknowledge that where a change in taxation rules occurs, the effect of those changes may be applied to my package
In relation to any leased vehicle, either novated or associate, I remain responsible for any vehicle obtained under these lease agreements. This includes responsibility for finance arrangements, funding costs and any outstanding liability at the completion or the termination of the lease
All reimbursement claims must be substantiated with the relevant documentation and declarations as required.

I confirm that the information provided in this document to be true and correct. Further, I accept that neither Trinitas nor my employer can be held responsible for any liability as a result of any mis-information or unidentified change in my circumstances that affect my personal financial position.

Employee signature		Date	
Employer signature		Date	

Office use only

Tax invoice/proof of payment received	Signed and returned
Copy of rental agreement received	ABN application processed
Associate lease documentation	LAFHA declaration completed