

The Queensland Government strongly recommends that Financial Advice is obtained prior to entering into a Salary Packaging Agreement.

> Who can apply?

Queensland Health employees (if you are working in and for a designated public hospital business area).

Applications and requests could take 1-2 pay cycles to take effect.

For more information, read the appropriate booklets and factsheets at qld.smartsalary.com.au/fact-sheet-library.

> How does it work?



Step 1

Complete all the steps needed to set up a Smartsalary account



Step 2.

Email all documents to customersupport@ smartsalary.com.au



Step 3.

We'll deduct the claim amount from your pre-tax salary



Step 4.

The claim amount will be paid directly to your employer

> Checklist

Follow this simple checklist to make sure your claim is correct and can be processed quickly.

- ✓ Have an active Smartsalary salary packaging account.
 - > If you do not have an active Smartsalary salary packaging account you will need to complete the Salary Packaging Application & Agreement Form.
- ✓ Read the appropriate **Booklets and Fact Sheets** on the website qld.smartsalary.com.au/fact-sheet-library.
- ✓ Signed page 4 and 5 and returned all pages of the Private Health/Fitness Centre Membership Claim Form.
- ✓ Read the **terms and conditions**, visit gld.smartsalary.com.au.



> How to fill and sign this form

With a digital signature

- 1. Check that you have Adobe Acrobat PDF Reader to complete this form or download Adobe Acrobat PDF Reader.
 - > Click here to install: https://get.adobe.com/reader/
- 2. Download the Smartsalary form onto your desktop computer.
- 3. Fill in the details by typing into the field boxes and save the completed form.
- 4. Click the signature field to create and add your digital signature to the form.
- 5. Save and attach all pages.
- 6. Add any supporting documents.
- 7. Email the form to Smartsalary for processing.

Without a digital signature

- 1. Download the Smartsalary form onto your desktop computer.
- 2. Fill in the details by typing into the field boxes and save the completed form.
- 3. Print your form and sign the relevant pages.
- 4. Scan and attach all pages.
- 5. Add any supporting documents.
- 6. Email the form to Smartsalary for processing.

Important

- > Submit all pages and supporting documents to customersupport@smartsalary.com.au.
- > Forms cannot be processed without a signed declaration.

Continue to next page >



Email completed forms to: customersupport@smartsalary.com.au

Alternatively, mail to: Smartsalary Pty Ltd QLD-GOV Applications GPO Box 4244 Sydney NSW 2001

Section /	1 - Y	our d	letail	٥
		oui c	ı C L C III	J

Smartsalary account number

Hospital name
Work address

Given name(s)

Contact number

Employer

Surname

Payroll number

Section B - Benefit details

Fmail

Select a Private Health/Fitness centre location and enter the name of the approved facility.

Prince Charles Hospital

Sunshine Coast University Hospital

Name of approved facility (Health/Fitness centre name)

Section C - Payment details

Enter the fortnightly amount that you would like deducted from your pre-tax salary.

Fortnightly payment amount

Start date of membership



Important

- Smartsalary will deduct the fortnightly amount pre-tax and pay the membership fees directly to your employer.
- It is <u>not</u> possible to claim a reimbursement for this benefit.
- If you cease your fitness membership, you will need to advise the Fitness Centre and Smartsalary.

Privacy notice

The salary packaging administrator is collecting your personal information on this form for the purpose of processing your salary packaging agreements. The salary packaging administrator will pass your personal information on to your agency's payroll section as part of the administration of your salary packaging agreements, Queensland Government Procurement in relation to the management of the salary packaging arrangement, and Queensland Treasury for auditing purposes. Your personal information will not be used for any other purpose or disclosed to any other third party, without your consent, unless authorised or required by law.

qld.smartsalary.com.au



Email completed forms to: customersupport@smartsalary.com.au

Alternatively, mail to: Smartsalary Pty Ltd QLD-GOV Applications GPO Box 4244 Sydney NSW 2001

Section D - Employee declaration

I hereby declare that:

- Any information I have provided in relation to this form, including information provided in supporting documents and communications to Smartsalary Staff (both written and verbal) is true, correct and complete to the best of my knowledge;
- I have read and understand the Salary Packaging Information Booklet and the relevant Fact Sheet available on the Smartsalary website;
- The attached invoice/s and/or receipt/s are for expenses incurred by me and have not and will not be claimed by me for any other tax deductible purpose and are budgeted for within my Salary Packaging Agreement;
- I have read, understand and agree to comply with Smartsalary Salary Packaging Terms and Conditions;
- I authorise Smartsalary to alter my deductions in accordance with the requirements of my salary packaging arrangement;
- I may sign my name physically or by using a certified electronic signature that verifies the date and time that I applied my electronic signature. By doing so, I consent to the terms and conditions applicable to this application; and
- Payments and/or reimbursements can only occur after sufficient funds have been deducted from my salary for the relevant benefit item.

Direct debit request declaration:

- I have read and understand the Direct Debit Service Agreement available on the Smartsalary website;
- I understand that upon cessation of my salary packaging account any amounts owed by me in relation to my salary package that has not been collected from my pay must be paid directly by me; and
- I hereby authorise Smartsalary (User ID 373142) to direct debit the bank account held by Smartsalary as my Personal Bank Account should there be amounts owing by me, in accordance with Smartsalary Terms and Conditions.

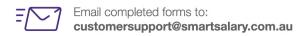
Signature:		Date:	
	(Click to insert digital signature)		
Λ.			

Important: This section must be signed otherwise your claim will not be processed.

Privacy notice

The salary packaging administrator is collecting your personal information on this form for the purpose of processing your salary packaging agreements. The salary packaging administrator will pass your personal information on to your agency's payroll section as part of the administration of your salary packaging agreements, Queensland Government Procurement in relation to the management of the salary packaging arrangement, and Queensland Treasury for auditing purposes. Your personal information will not be used for any other purpose or disclosed to any other third party, without your consent, unless authorised or required by law.





Alternatively, mail to: Smartsalary Pty Ltd QLD-GOV Applications GPO Box 4244 Sydney NSW 2001

Section E - Queensland Government declaration				
Payroll district				
Gym facility (name of approved facility)				
Employee's name				
Provision of Private Health/Fitness Centre Membership:				
Payments to be made fortnightly.				
Payments to the Sunshine Coast University Hospital are \$				
Payments to the Prince Charles Hospital are \$				
I authorise Smartsalary to make payments for private health/fitness centre membership catchable pay period.	o as nominated above from the next			
I request this payment begin from the first catchable pay period after	(date).			
I understand that the approved facility may, from time to time, increase Private Health/Fitness Centre Membership Fees and will advise my Salary Packaging Administration Supplier of the amounts payable. I authorise my Salary Packaging Administration Supplier to make the relevant amendments to my payroll deductions to accommodate any fee changes, unless I submit a request to do otherwise.				
I hereby declare that I have read and understand the relevant Salary Packaging Informations Fact Sheet available on the <u>Smartsalary website</u> and the Queensland Contracts				
I acknowledge that the Queensland Government strongly recommends that I obtain incentering into, or changing the terms of, a salary packaging arrangement.	dependent financial advice prior to			
Signature	Date:			
(Click to insert digital signature)				
Important: This section must be signed otherwise your claim will not be proces	ssed.			

Privacy notice

The salary packaging administrator is collecting your personal information on this form for the purpose of processing your salary packaging agreements. The salary packaging administrator will pass your personal information on to your agency's payroll section as part of the administration of your salary packaging agreements, Queensland Government Procurement in relation to the management of the salary packaging arrangement, and Queensland Treasury for auditing purposes. Your personal information will not be used for any other purpose or disclosed to any other third party, without your consent, unless authorised or required by law.