

\$15,900 Cap Claim Form (Other Items)

NOTE: The Queensland Government strongly recommends that Financial Advice is obtained prior to entering into a Salary Packaging Agreement. The Salary Packaging of Full FBT Benefit Items is **only** viable for those Queensland Public Sector Employees who are eligible under the Commonwealth FBT legislation to access an FBT exemption cap, ie:

- a) Queensland Health employees who are exclusively working in and for a designated public hospital business area (refer to the Salary Packaging Information Booklet Queensland Government Health Employees); or
- b) Queensland Ambulance Service/Queensland Rescue employees; or
- c) Legal Aid Queensland employees.

Please remember to sign the form before sending it to Smartsalary for processing.

Section A - Your Personal Details

Employer	<input type="text"/>	Payroll Number	<input type="text"/>
Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Contact Number	<input type="text"/>		
Smartsalary Account Number	<input type="text"/>		

Log in to your online Smartsalary account at qld.smartsalary.com.au to find your account number

Section B - Benefit Details

I would like to make a claim for the following items:

Please note that the following items can only be claimed as a **One-Off Reimbursements**.

If you are claiming any of the below items please complete Section D.

- Car Parking Fees (non-work related)
- Club/Association Membership Subscriptions (non-work related)
- Computer Software (non-work related)
- Public Transport
- Motor Vehicle Operating Expenses
- Private Travel
- HELP (Higher Education Loan Repayment) Fees
- Water and Council Rates

Please note that the following items can be claimed as **Regular Reimbursements** or as a **One-Off Reimbursement**.

If you are claiming any of the below items please complete either Section C or Section D depending of the reimbursement option you would prefer.

- | | |
|--|--|
| <input type="checkbox"/> Aged and Disabled Care | <input type="checkbox"/> Insurance Premiums (not covered by other Benefit Items) |
| <input type="checkbox"/> Child Care Fees (non employer owned) | <input type="checkbox"/> Payments to Utilities |
| <input type="checkbox"/> Desktop Computers | <input type="checkbox"/> Non-work related Portable Electronic Devices |
| <input type="checkbox"/> Financial Adviser Fees (not covered by other Benefit Items) | <input type="checkbox"/> Private Health/Fitness Centre Membership |
| <input type="checkbox"/> House/Contents Insurance | <input type="checkbox"/> Private Health Insurance |
| <input type="checkbox"/> Private School Fees | |

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Fax: 1300 708 144

Section C - Regular Reimbursement Details

Please provide the details of the expenses below:

Expense Description	Payment Amount Each Pay Period (incl. GST)	GST Amount
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

If requesting a **regular reimbursement**, the reimbursement arrangement will be set up for the term of the benefit (e.g. 12 months). Upon expiry of the fixed term you will be required to provide renewal information to Smartsalary to substantiate claims.

Section D - One-off Reimbursement Details

Please provide the details of the expenses below:

Expense Description	Amount (Including GST)	GST Amount
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

Smartsalary will make equal deductions and reimbursements over the number of pay periods that you nominate.

Please select the number of pay periods you would like deductions and reimbursements to occur over (1 - 26)

Section E - Personal Bank Account Details

Have your personal bank account details changed since you applied for packaging?

- No ---> Go to Section F
 Yes ---> Complete a "Change of Bank Account Details Form" to update Smartsalary with your new account details.

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Section F - Required Documentation

Please complete the "Non-Salary Packaging Fringe Benefit Declaration" (if required) and the relevant documentation to support the claim. For more information about the documentation requirements please refer to the relevant **Fact Form** available on Smartsalary website.

Payment Option	Requirements for Supporting Documentation
One off reimbursement to your personal bank account	A copy of the valid tax invoice plus proof of payment (e.g. receipt, bank/credit card statement, information on the invoice clearly stating that payment has been made/received).
Regular reimbursements your personal bank account	A copy of the valid tax invoice plus proof of payment (e.g. bank statement showing direct debits from the account, bank/credit card statement, copy of the provider's direct debit confirmation).

Section G - Employee Declaration

I hereby declare that:

- * The information provided is true and correct to my knowledge;
- * I have read and understand the Salary Packaging Information Booklet and the relevant Fact Form 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 and accept the Smartsalary Terms & Conditions available on the Smartsalary website; and
- * I authorise Smartsalary to alter my deductions in accordance with the requirements of my salary package.

Direct Debit Request Declaration

- * I acknowledge that upon cessation of my salary package, any amounts owed by me in relation to my salary packaging that have not been collected from my pay must be paid directly by me. I request Smartsalary (User ID 373142) to direct debit the bank account held by Smartsalary as my Personal Bank Account for these amounts owing.
- * I have read and understood the Direct Debit Service Agreement available on the Smartsalary website.

Signature: 

Date

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.