

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.

Your claim amount will be paid directly to the car parking facility

> 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 also need to complete the Salary Packaging Application & Agreement Form.
- Read the appropriate **Booklets and Fact Sheets** on the website <u>gld.smartsalary.com.au/fact-sheet-library</u>
- Contacted the car park facility to confirm that you can salary package your car parking.
- Signed pages 5 and 6 and returned all pages of the Car Parking Claim Form.
- ✓ Read the **terms and conditions**, visit <u>gld.smartsalary.com.au</u>.



> 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.

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

Section A - Y	'our c	letai	S
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Smartsalary account number Employer

Work location

Children's Hospital Toowoomba Hospital Gold Coast Hospital

Workplace/unit in hospital

Given name(s) Surname

Contact number Position

Person ID

Assignment number (PAN)

Queensland Health only

Person ID: This can be found on your payslip.

Assignment number (PAN): This can be found on your payslip.

Email

Employment status Full time Part time Casual

Section B - Eligible to the Tax-free cap (FBT exemption cap)

If you are employed with Queensland Health, please answer the question below.

Are you eligible to claim the Tax-free Cap amount?

No > You are not eligible to salary package car parking

Yes > continue to Section C

Tip: To check if you are eligible for the Tax-free Cap (FBT Exemption Cap), contact your employer.

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Section C - Benefit details

Please ensure that you have contacted the car park facility to confirm that you are eligible to salary package the car parking benefit with Smartsalary before providing the following details.

Parking station name

Start date

End date

Select this box only if your car parking will be ongoing (no end date)



Important

- Parking fees are aligned to the QHealth Payroll Fortnight.
- · Commencing the car parking benefit during the middle of a pay cycle may result in a part payment.
- The End Date will be the last pay date that your car parking benefit is processed through salary packaging.

Section D - Payment details

Indicate the fortnightly amount that you would like to be deducted from your pre-tax salary for this benefit and when you would like this deduction to start.

Ongoing fortnight parking payment amount \$

Date to commence deduction

Car Parking Card Number / Reference

Important: This initial fortnight parking payment amount includes any part payments required to align to the QHealth Payroll Fortnight.

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Section E - Vehicle details				
Indicate the vehicle/s that will be using the car parking facility.				
Vehicle 1		Vehicle 2		
Registration number		Registration number		
Vehicle type	Car / 4WD	Vehicle type	Car / 4WD	
	Electric vehicle		Electric vehicle	

Section F - 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)	
Important: This section must be signed otherwise your claim will not be processed.	

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Section G - Queensland Government declaration				
My employer is(Em	ployer name)			
Payroll number				
Salary Packaging Administration ID (if known) (Smartsalary account number)				
Employee's name				
Employee's address				
Employee's phone				
I have made arrangements with	(name of car park)			
so that I can begin parking with the car park at	(location of car park)			
I require Smartsalary to commence direct payments to the car pa	ark nominated above from the next catchable pay period.			
The amount paid to the car park each fortnight is \$				
I request this regular payment begin from the first catchable pay	after (date)			
I acknowledge I can access Hospital Car Parking as an FBT exempt item only while I am working in and for a designated eligible public hospital business area as listed in the Salary Packaging Booklet for Queensland Health Employees (available on the Smartsalary website and the Queensland Contracts Directory (QCD)).				
I understand that the car park may, from time to time, increase parking 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 Sal Items Fact Sheet available on the Smartsalary website and the Q				
I acknowledge that the Queensland Government strongly recommentering into, or changing the terms of, a salary packaging arrang				
Employee's Eligible Public Hospital Business Area				
Signature	Date:			
(Click to insert digital signature)				
Important: This section must be signed otherwise your claim	will not be processed.			

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