

## Employee Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: Work\*: \_\_\_\_\_ Home: \_\_\_\_\_

\*Mandatory: If you have a work email, you **must** provide this.

Employer details: Agency: \_\_\_\_\_

Location: \_\_\_\_\_ Job title: \_\_\_\_\_

Payroll Identification Number: \_\_\_\_\_

Your next pay date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employment status (please tick one):  Casual  Part Time  Full Time

Do you have a HECS/HELP Loan (please tick one)?  Yes  No

**Note:** If you received any Fringe Benefits this FBT year (1 April to 31 March), this may impact your FBT exemption for salary packaging.

Have you received any other Fringe Benefits this FBT year, i.e. work provided vehicle, professional development?

(please tick one):  Yes  No

Are you employed by more than one SA Government agency?  Yes  No If so, agency \_\_\_\_\_

If yes, how much have you received in Fringe Benefits this FBT year? \$ \_\_\_\_\_

If you work for SA Health, are you a Visiting Medical Officer<sup>1</sup>?  Yes  No

<sup>1</sup>If you are a Visiting Medical Officer you are eligible to package a maximum of 89.9% of your salary due to compulsory superannuation requirements.

How would you prefer to receive important information relating to the administration of your salary packaging account with Maxxia?

Please tick one:  Work Email  Personal Email  Post

Please allocate my Salary Packaging Deductions as instructed below. Your entire package will be allocated as per the details provided below so please include all relevant information.

	Benefit Item	Amount or % Per Pay	Over How Many Pays?	Account Name	BSB	Account Number
Health & LSC Above Within Cap	Regular Repayments _____ (Please Specify)					
	Salary Packaging Card			Please complete the attached Salary Packaging Visa Card application form.		
	Meal Entertainment Card (limit \$2550 per FBT year)			Please complete the attached Visa Card application form.		
	Total Per Pay					

	Benefit Item	Amount or % Per Pay	Over How Many Pays?	Unique Super Identifier (USI)	Electronic Service Agreement (ESA), if self managed
Above Cap	Regular Superannuation Contributions Super SA				
	Regular Superannuation Contributions Fund name: _____ (Please Specify)				
	Other _____ (Please Specify)				
	Total Per Pay				

### ! CHECKPOINT!

- It is not compulsory for you to provide your fund's USI or ESA. However, not doing so will mean we are unable to make payments to your superannuation account.
- You may be required to provide your Tax File Number (TFN) to salary package super, Maxxia will contact you if it is required.

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## Salary Sacrifice Employer

Please select your employer.

Fringe Benefit Tax Exemption explanation	Employer	Please tick your employer
Salary packaging is a function of the Federal taxation law. If the duties of the employment of the employee are exclusively performed in, or in connection with a public hospital, or the employer provides public ambulances services or services in connection with the provision of these services, then the employee is eligible for access to a \$17,667 Grossed up Taxable Value (GUTV) or \$9,010 capped FBT exemption. If the employer is a Public Benevolent Institution (PBI) as ruled by the ATO (currently only Legal Services Commission), the employee is eligible for access to \$31,177 GUTV or \$15,900 capped FBT exemption. There is no exemption for other employees.	Public Hospital, Direct Public Hospital Services or Ambulance	<input type="checkbox"/>
	Legal Services	<input type="checkbox"/>
	Other (Full FBT)	<input type="checkbox"/>

## Salary Sacrifice Agreement

The employee and employer named in the Employee Information section of this application ("Employee" and "Employer" respectively) hereby agree to be bound by the Salary Sacrifice Agreement terms and conditions which are available online at [www.maxxia.com.au/government](http://www.maxxia.com.au/government), and which together with this application comprise the Salary Sacrifice Agreement.

The commencement date of this Salary Sacrifice Agreement is the date on which the Employee signs this agreement and the expiry date will be 30 June 2023 or \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Please complete date if different to 30 June 2023)

The Employee hereby:

- acknowledges and agrees that he/she is required to pay an employer charge of \$40 plus GST (\$44) to be paid direct from his/her salary post tax on the commencement of any new salary packaging agreement;
- agrees to pay any cost arising from Salary Packaging including any FBT liability, and he/she indemnifies their Employer against this liability; and
- acknowledges that Maxxia Pty Ltd ("Service Provider") is responsible for the administration of their Salary Sacrifice arrangements and that any disputes or complaints should be resolved directly with the Service Provider.
- you consent to the employer disclosing records or personal information to Maxxia and to Commonwealth and State authorities for the purposes of this Salary Sacrifice Agreement
- you are responsible for obtaining any independent financial advice required to support your decisions

## Salary Sacrifice Service Agreement

The Employee and the Service Provider hereby agree to be bound by the Salary Sacrifice Service Agreement terms and conditions, which are available online at [www.maxxia.com.au/government](http://www.maxxia.com.au/government), and which together with this application comprise the Salary Sacrifice Service Agreement.

The commencement date of this Salary Sacrifice Service Agreement is the date on which the Employee signs this agreement and the expiry date will be 30 June 2023 or \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Please complete date if different to 30 June 2023)

The Employee hereby:

- appoints the Service Provider for the purposes of administering his/her Salary Sacrifice arrangements within the requirements of the Salary Sacrifice Service Agreement and acknowledges that all correspondence relating to these arrangements is to be directed to the Service Provider;
- certifies that he/she has read and understood the terms of the Salary Sacrifice Service Agreement;
- acknowledges that he/she is liable to pay the Service Provider an administration fee depending on the benefits selected and will be shown on the Salary Packaging Confirmation Schedule which will be sent to them before deductions commence;
- acknowledges that any financial advice required to inform or support his/her decision to salary package is his/her sole responsibility and any such advice must be obtained by him/her independently from his/her Employer or the Service Provider;
- acknowledges that he/she is not salary sacrificing mortgage payments into an interest offset facility, he/she possesses the necessary documentation regarding the existence of the mortgage account, and will notify the Service Provider of any changes to the status of their mortgage account (where relevant);
- acknowledges that where he/she requests payment into a nominated account to subsequently pay for a benefit, he/she has direct debits in place from the nominated account for amounts equal to or higher than the benefit amount; and
- acknowledges expenses paid using a Maxxia Salary Packaging Payment Card or Meal Entertainment Card cannot be recovered via a reimbursement/receipt process.

## Execution of Salary Service Agreement and Salary Sacrifice Service Agreement

By completing the execution section below, the Employee and Employer hereby agree to be bound by the terms of the Salary Sacrifice Agreement, and the Employee and the Service Provider hereby agree to be bound by the terms of the Salary Sacrifice Service Agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_