

# Salary Packaging Application Form

## Portable Electronic Device

### To Submit this Form:

1. Fill in all details
2. Print the form
3. Place employee & employer signature at the bottom
4. Send your completed and signed form to: [SalaryPackagingAdmin@fleetpartners.com.au](mailto:SalaryPackagingAdmin@fleetpartners.com.au)

## 1 Employment Information

Employer: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
 Payroll No.: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

## 2 Personal Information

Title:            Mr.            Ms.            Miss            Mrs.            Dr.            Other

Given name (s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

Gross Annual Salary: \$ \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_

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

Residential Address: \_\_\_\_\_  
(Unit or Apt. no. / Street Name  
 Suburb / State /Postcode)

Postal Address: \_\_\_\_\_  
(if different from above)

## 3 Salary Packaging Details

Type of Portable Electronic Device: \_\_\_\_\_

Number of pay periods to deduct: \_\_\_\_\_

### Substantiation Checklist:

Please attach a copy of the applicable tax invoice to substantiate your claim

### Bank account details for payment of benefit:

Account Name: \_\_\_\_\_ BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

## 4 Employee Declaration

By signing this form, I:

- declare that the information provided is true and correct to the best of my knowledge;
- understand that I will be required to pay a fee for the salary packaging services, and that this may be deducted from my salary sacrifice amount by my employer;
- authorise FleetPartners to administer and, where required, alter my deductions in accordance with the requirements of this benefit, including the calculation of any applicable fringe benefits tax and/or employee (post-tax and pre-tax) contributions;
- acknowledge that a payment(s) or reimbursement(s) will only occur when sufficient funds have been received by FleetPartners;
- understand that any incorrect information provided to FleetPartners that results in a fringe benefits tax debt will be my liability;
- confirm the portable electronic device that I am salary packaging is the only portable electronic device of this type being packaged by me during the fringe benefits tax year (being the period between 1 April and 31 March the following year), unless it is a replacement item (due to the other item getting lost, destroyed, or needing replacement due to developments in technology);
- understand that only one of each type of portable electronic device (e.g. tablet, mobile phone, laptop, etc) can be salary packaged during the same fringe benefits tax year;
- acknowledge that I intend for each portable electronic device subject to this salary packaging arrangement to be used primarily (at least 50%) for work purposes;
- have read, understand and agree to my Employer's salary packaging policy and confirm the relevant criteria has been met in relation to the selected benefit(s);
- acknowledge that any information provided by FleetPartners does not constitute financial or taxation advice and that FleetPartners recommend that I seek independent professional advice before entering into a salary packaging arrangement;
- have read, understand and agree to the [FleetPartners Salary Packaging Services – Terms and Conditions](#); and
- have read, understand and agree to the [FleetPartners Privacy Policy](#)

Employee Signature

Date:

Employer Signature

Date: