



**HUMAN RESOURCES
SALARY PACKAGING—FINANCIAL ADVICE AND INCOME PROTECTION**

Please complete and forward to benefits-hr@uwa.edu.au.

SECTION 1 - APPLICANT DETAILS (please use block letters)

Employee number Family name

Title First names

School Work Phone

SECTION 2 - TERMS AND CONDITIONS

I have read and understood UWA's terms and conditions held within my salary packaging agreement and agree to abide by these rules and any changes, which may be applied from time to time. I will notify Human Resources of any changes to my salary packaging and will not hold UWA liable for any loss associated with salary packaging by me. I understand that salary packaging may not be retrospective and that I am obliged to give a minimum of two weeks notice for packaging arrangements to be processed/amended.

SECTION 3 - AUTHORISATION

I hereby authorise UWA to decrease my gross salary for one fortnight to provide the following benefits to commence as

soon as possible or from

Employee signature Date (dd/mm/yy)

This authority remains in place until amended or cancelled by me in writing or cessation of my employment with UWA.

SECTION 4 - PACKAGING REQUEST

Financial Advice \$ → Original invoice/original receipt attached

Income Protection \$ → Original invoice/original receipt attached

SECTION 5 - HR SYSTEMS & EMPLOYEE BENEFITS USE ONLY

Date Received (dd/mm/yy) XLS Updated (dd/mm/yy)

Date Processed (dd/mm/yy)