

SALARY PACKAGE AMENDMENT REQUEST FORM

Please complete this form in **BLOCK** letters only.

EMPLOYEE DETAILS

Employee Name		Date of Birth	
Employer Organisation			

BENEFIT TO BE AMENDED – BENEFIT 1

(tick one option under each section)

Action	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
Benefit Type/Description			
Payment Method	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment (to 3 rd party supplier)	
Amount	\$	<input type="checkbox"/> Once Off Amount	<input type="checkbox"/> Per Paycycle
Date to Implement Change	<input type="checkbox"/> Next Available Paycycle		<input type="checkbox"/> Specific Date _____
End Date for NEW Benefits	<input type="checkbox"/> End of FBT Year	<input type="checkbox"/> Until Notified	<input type="checkbox"/> Specific Date _____

BENEFIT TO BE AMENDED – BENEFIT 2

(tick one option under each section)

Action	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
Benefit Type/Description			
Payment Method	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment (to 3 rd party supplier)	
Amount	\$	<input type="checkbox"/> Once Off Amount	<input type="checkbox"/> Per Paycycle
Date to Implement Change	<input type="checkbox"/> Next Available Paycycle		<input type="checkbox"/> Specific Date ____/____/____
End Date for NEW Benefits	<input type="checkbox"/> End of FBT Year	<input type="checkbox"/> Until Notified	<input type="checkbox"/> Specific Date ____/____/____

IMPORTANT NOTES:

- Where **adding OR increasing the value** of a Direct Payment benefit, you must provide proof of the expense (eg. invoice or statement) and a *Third Party Payment Form* including EFT bank details of the 3rd party supplier.
- Southgate may require you to provide further supporting documents, forms or declarations in respect of your requested amendment(s) before they can be actioned.
- Southgate **cannot** process the requested amendment(s) if all fields above are **not** complete.
- You will receive a *Benefit Confirmation Report* by email to confirm action of your requested amendment(s).

EMPLOYEE DECLARATION

I authorise Southgate Salary Packaging Services to make the above listed amendments to my existing salary package, and make any necessary adjustments to my salary sacrifice deductions and/or Fringe Benefits Tax deductions in respect of these changes.

Employee Signature	
Date	

Please return your completed form to:

Email: support@southgatesalpack.com.au OR Fax: 1300 500 150