



# APPLICATION FORM

## SALARY SACRIFICE

### EMPLOYER PAYMENT OF UNIGYM MEMBERSHIP FEES



Locked Bag 1328  
LAUNCESTON TAS 7250

Tel: 03 6324 3092

Fax: 03 6324 3042

Locked Bag 61  
HOBART TAS 7001

Tel: 03 6226 2084

Fax: 03 6226 7896

Location  Launceston (GYMLS)

Is the Staff Member a casual employee? (*ie* needs to complete a claim form to be paid)

Yes - not eligible for Salary Sacrifice (*use other methods of payment*)  No - proceed below

Name of Member \_\_\_\_\_

Unigym Member Number \_\_\_\_\_ (*complete once entered onto system*)

Unigym Authorisation: Staff Name \_\_\_\_\_ Initial \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Membership Payment Amounts – ONCE OFF DEDUCTON

#### 2011 Prices

3 MONTH	<input type="checkbox"/>	@ \$159.00
6 MONTH	<input type="checkbox"/>	@ \$250.00

#### Salary Sacrifice Deductions - amounts will be GST exclusive

Once-off Deduction  
Amount of \$\_\_\_\_\_ to be sacrificed in one payment from the next available pay

#### Member Acknowledgement of Terms & Conditions

I have read and fully understand the Terms and Conditions as stated below.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Email Address \_\_\_\_\_@utas.edu.au Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Terms and Conditions

1. In making this request I acknowledge that while the University of Tasmania pays such fees the salary otherwise payable to me will be reduced by the amount indicated on this form.
2. Superannuation benefits will continue to be based on the salary before reduction.
3. I will be responsible for the payment of any fees payable to the University of Tasmania's Unigym facility which are in excess of the amount paid by the University on my behalf.
4. Clients who have made a 'once off' deduction will not be entitled to any refund.