

**APPLICATION FORM
SALARY SACRIFICE
2012**



Surname		First name	
Email		@utas.edu.au	Phone
Links member no.			

Are you casual employee of UTAS? YES NO IE. DO YOU NEED TO COMPLETE CLAIM FORM TO BE PAID?
IF YES YOU ARE NOT ELIGIBLE FOR SALARY SACRIFICE, PLEASE SELECT ANOTHER METHOD FOR PAYMENT

MEMBERSHIP OPTIONS

Your chosen option A FIXED TERM B PERPETUAL, C PERSONAL TRAINING

A. Fixed Term	
CHOOSE OPTION BELOW	
12 Months	<input type="checkbox"/> \$200.00
6 Months	<input type="checkbox"/> \$135.00

AUTHORISED BY
 STAFF NAME _____
 INITIAL _____
 DATE _____
 SCANNED AND EMAILED RUTH RUTHERFORD

SALARY SACRIFICE DEDUCTIONS AMOUNTS WILL BE GST EXCLUSIVE

Once-off Deduction

Amount of \$ _____ to be sacrificed in one payment from the next available pay

TERMS AND CONDITIONS

I have read and fully understand the Terms and Conditions provided.

FULL NAME	SIGNATURE	DATE
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