

**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"/> \$598.00
6 Months	<input type="checkbox"/> \$393.00
3 Months	<input type="checkbox"/> \$272.00

B. Perpetual	Fortnightly Payment Plan PER PAY DAY FORNIGHT <input type="checkbox"/> \$23.00
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C. Personal Training CHOOSE OPTION BELOW		
Program & update	<input type="checkbox"/> \$55.00	60 min
1 Session	<input type="checkbox"/> \$40.00	30 min
1 Session	<input type="checkbox"/> \$55.00	60 min
5 x Sessions	<input type="checkbox"/> \$265.00	60 min each
10 x Sessions	<input type="checkbox"/> \$530.00	60 min each

AUTHORISED BY
STAFF NAME _____
INITIAL _____
DATE _____
SCANNED AND EMAILED TO PAY OFFICE
AND 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

<input type="checkbox"/> Fortnightly Payment Plan (Only applicable for 12 month memberships)	
Joining fee	\$75.00
Fortnightly Payment Amounts (as above) @ \$ _____ x 2 =	\$
Initial Amount Deductible	\$
Standard fortnightly payment of \$ _____ will commence from next available pay after Initial Payment has been deducted.	
MEMBERSHIP WILL CONTINUE UNTIL THE MEMBERSHIP IS CANCELLED BY THE MEMBER WITH UNIGYM. (30 DAYS WRITTEN NOTICE REQUIRED)	

TERMS AND CONDITIONS

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

FULL NAME	SIGNATURE	DATE
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