| Pay Cycle - please tick Fortnightly Monthly | | | Ramsay Health Care |
|--|-------------------------------------|---|----------------------------------|
| VOLUNTARY SALARY SACRIFICE CONTRIBUTIONS ELECTION | | | |
| Complete this form to c Superannuation Fund Name: | commence, vary or cancel volun | tary SALARY SACRIFICE cont | ributions to: |
| Superannuation Fund ABN: | | | |
| Membership Number: | | | - |
| 1. EMPLOYEE DETAILS | | | |
| EMPLOYEE NAME | | | 1 1 |
| | Name Middle Name | Surname | Date of Birth |
| Number | Street | Suburb | State Post Code |
| Home | Work | Mobile | |
| EMPLOYEE NUMBER | Hospi | tal | |
| 2. REQUEST TO COMMENCE/VARY/AMEND VOLUNTARY SALARY SACRIFICE CONTRIBUTIONS | | | |
| [Please select one of the following three options and complete the appropriate fields] I would like to COMMENCE making voluntary salary sacrifice contributions to the Please insert name of superannuation Fund Commencement date: N.B. This date must be at least one calendar month after the date of this Election. | | | |
| Annual Amount: \$ | p.a. | , | |
| or | % p.a. | | |
| I would like to VARY my voluntary | v salary sacrifice contributions to | | name of superannuation Fund |
| Commencement date: | | I.B. This date must be at least o | ne calendar month after the date |
| New Annual Amount: \$ | p.a. | f this Election. | |
| or | % p.a. | | |
| I would like to CANCEL my volunta | ary salary sacrifice contribution | | name of superannuation Fund |
| Cancellation date: | | I.B. This date must be at least o f this Election. | ne calendar month after the date |
| | | / | / |
| | Signature | Date | |
| 3. TO PROCESS – RETURN TO YOUR PAYROLL TEAM Fortnightly paid employees The form should be sent to your Payroll Team. A list of Payroll addresses is located on the Ramsay intranet under Departments > Payroll > Payroll Contact List | | | |
| Monthly paid employees Fax to 02 9433 3468 | | | |
| Information on superannuation and recent changes made by the government can be found by visiting the ATO website at <u>www.ato.gov.au</u> | | | |
| N.B. Other than ceasing your current voluntary additional contributions, which may be done at any time on at least one calendar months' notice, you may only make TWO elections in any financial year | | | |

Page 1 of 1 PLEASE NOTE THAT ANY MATERIAL PRINTED IS REGARDED AS AN UNCONTROLLED COPY. IT IS THE RESPONSIBILITY OF THE PERSON PRINTING THE DOCUMENT TO REFER TO THE RAMSAY HEALTH CARE INTRANET SITE FOR UPDATES.

RHC Forms - VOLUNTARY SALARY SACRIFICE CONTRIBUTIONS ELECTION V2 Reviewed Sept 2017