

Professional Indemnity Insurance Declaration.

INSTRUCTIONS

Please complete and sign this form in order for this expense payment to be made. Without this declaration you will be liable for the Fringe Benefits Tax (FBT) on the amount Paywise pays towards this benefit.

Should you require any additional information please contact Paywise on 1800 PAYWISE (729 947).

I _____ declare that
(Full Name)

the Professional Indemnity Insurance was provided to me by or on behalf of my employer:

(Name of the Employer)

during the period of the FBT year from 1 April to 31 March and the expense was incurred by me for the following purpose(s):

(Please provide information to demonstrate that the expenses were incurred in earning assessable income).

I declare that the percentage of those expenses incurred in earning my assessable income was 100% (If this is not 100%, FBT will be charged).

I declare that the payments made on behalf for the Professional Indemnity Insurance comply with the requirements below and I will inform Paywise if these payments no longer meet the specific requirements.

Professional Indemnity Insurance Requirements:

- Indemnity insurance must be in my name and directly related to my employment.

Signature:

Print Name:

Date:

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