

Disability/Income Protection 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 pay towards this benefit.

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

I _____ declare that
(Full Name)

Disability/Income Protection 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 my behalf for the Disability/Income Protection Insurance comply with the benefit's requirements. I will inform Paywise if these payments no longer meet the specific requirements.

Disability / Income Protection Requirements:

- The Disability / Income Protection policy must be for the employee only.
- The Disability / Income Protection policy must be paid by the employee packaging and not by another person.

Declaration

I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period of five years from the date of this declaration or until the stated percentage incurred in earning my assessable income varies by more than 10 percentage points. This declaration will be revoked if another recurring expense payment fringe benefit declaration is provided in respect of a subsequent identical benefit.

Signature: _____

Date: _____ / _____ / _____