

Please complete the following form if you have accepted a secondment within WA Health or have commenced new employment within WA Health and require your salary packaging account updated.

Personal Details

| | | | | | | |
|--------------------------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|---------------------------------------|
| Title: | <input type="checkbox"/> MR | <input type="checkbox"/> MRS | <input type="checkbox"/> MISS | <input type="checkbox"/> MS | <input type="checkbox"/> DR | <input type="checkbox"/> OTHER: _____ |
| Surname: | | | | | | First Name: |
| Current Paywise Member Number: | | | | | | Date of Birth: |

New Employment Details

| | | | |
|----------------------|--------------------|-----|----|
| Name of Employer: | | | |
| Location | Secondment: | Yes | No |
| Contract Start Date: | Contract End Date: | | |
| New Employee Number: | | | |

Novated Lease

Yes, I require my Novated Lease Transitioned:

Declaration

- I confirm I wish to transition my current Paywise salary packaging arrangements to my new employer and understand that It is my responsibility to ensure all requested documents are completed and returned to Paywise to ensure my deductions and payments will continue.
- I confirm that I have checked my personal details on the Paywise Member Portal and agree they are correct and do not require updating.
- I confirm that I have checked my reimbursement bank details on the Paywise Member Portal and confirm they are correct and do not require updating
- I confirm my intentions to transition my current salary packaging arrangements to my new WA Health employer from

| | | |
|------------|-------------|-----------|
| Signature: | Print Name: | Date: / / |
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