



Name: _____

INSURANCE

<input type="checkbox"/> Home	<input type="checkbox"/> Contents	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Health
Name of Insurer:		Policy Number:	
Address of Fund:			
Amount: \$ _____ p.a.		Next Payment Date: ____ / ____ / ____	
Amount per payment: \$ _____			
Frequency:			
Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly
Other.....			
Current Payment Method:			

Payment method to be used (please tick the appropriate box):

- DIRECT CREDIT** - If the Insurance Company has either a weekly, fortnightly or monthly electronic deduction from your bank account (**NOT** credit card)
- REIMBURSEMENT** - If you pay the Insurance Company by cash, cheque or credit card

SUBSTANTIATION REQUIRED

(a) Direct Credit

Letter from Insurance Company specifying the following details:

- amount per period
- frequency of payments
- date payment due
- employee's bank account & BSB number from where the payments are deducted

(b) Reimbursement (applicable for ALL payments greater than MONTHLY)

a copy of the receipt attached to a "Reimbursement Claim Form" at time of claim.

Employee's Signature _____

Date ____ / ____ / ____