



Name: \_\_\_\_\_

## PERSONAL INSURANCE

### Type of Insurance

- Life  Income Protection  
 Disability (Lump Sum)  Professional Indemnity Insurance

Through Superannuation:  YES /  NO

Name of Fund:

Policy Number:

Amount: \$ \_\_\_\_\_ p.a.

Current payment method:

Amount per frequency: \$ \_\_\_\_\_

Next payment date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frequency:  Weekly  Fortnightly  Monthly  Quarterly  Yearly Other.....

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

- EFT** - If Remunerator can pay DIRECT to Supplier electronically either weekly, fortnightly or monthly
- DIRECT CREDIT** - If the Supplier has either a weekly, fortnightly or monthly electronic deduction from your bank account (NOT credit card)
- REIMBURSEMENT** - If you pay the Supplier by cash, cheque or credit card

### SUBSTANTIATION REQUIRED

**(a) EFT**

Letter from Supplier specifying the following details:

- amount per period
- frequency of payments
- date payment due
- Supplier's bank account & BSB number where the payments are to be deposited

**(b) By Direct Credit**

Documentation 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
- copy of policy document displaying policy no.

**(c) Reimbursement (applicable for ALL payments)**

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

Employee's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



*Employee's Signature* \_\_\_\_\_

*Date* \_\_\_\_/\_\_\_\_/\_\_\_\_