



Boost my super

with salary deductions



The industry fund for the people who care

Use this form to make voluntary contributions to your Health Super account. If you have any questions call us on 1800 331 719. Refer to the Your account section of our Member Guide (Product Disclosure Statement) for more information about making voluntary contributions. Please note that salary sacrifice contributions contribute to your before-tax contributions limit.

Important information: *Indicates mandatory fields. To avoid your request being delayed or not processed please ensure these fields are completed properly.

Your details

*Your 7 or 8 digit Health Super member number *Mr Ms Mrs Miss Dr Other (please specify)

*Given name(s) *Surname *Date of birth D D M M Y Y Y Y

*Full residential address (PO Box not acceptable)

Suburb Country State Postcode

Phone number (BH) Phone number (AH) Mobile

For personal contributions (after-tax)

I wish to make a personal contribution into my Health Super account through regular payroll deductions

I authorise \$ or % of my salary to be deducted from my pay and transferred into my Health Super account each pay period.

For salary sacrifice contributions (before-tax)

I request that my employer make a before-tax contribution on my behalf of:

\$ or % of my salary each pay period to my Health Super account.

I understand that my before-tax salary will be reduced by this amount, and as a result my Superannuation Guarantee (SG) contributions paid by my employer may be lower. I also understand that my employer may require a minimum period of notice if I wish to cease or vary the above amount.

Sign and return this form to your HR or Payroll Officer to process your request

Declaration

I declare and acknowledge that:

- Health Super has provided me with general advice only.
- My employer is authorised to debit my salary in accordance with my instructions and deposit this amount into my Health Super account.
- The Trustee may be required under taxation and superannuation legislation to deduct additional tax from my contributions, refuse to accept contributions made by me or on my behalf or refuse to refund contributions made by me or on my behalf and, in doing so, may make adjustments to my account that it considers necessary or appropriate.
- I have read the Privacy Statement contained in the Member Guide and on our website and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.
- The information I have provided in this form is true and correct.

Your signature

Date

 D D M M Y Y Y Y


Sign and return this form to:
Your HR or Payroll Officer to process your request.

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).

