

# Salary Sacrifice for Superannuation

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## Employee Details:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

## Salary Sacrifice Details:

I hereby request that Remote Area Health Corps Salary Sacrifice:

- The amount of \$\_\_\_\_\_ per fortnight into my Superannuation Account, the details of which I have supplied.
- A percentage of my fortnightly salary, this being the amount of \_\_\_\_\_%, into my Superannuation Account the details of which I have supplied.

I request that this action commence on the date of \_\_\_\_\_ and cease  
on the date of \_\_\_\_\_ .

***Please note that all changes to Superannuation Funds and Salary Sacrificing into Superannuation will be effective in the first pay period of the following month.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_