[Insert organisation name/logo]

# SALARY SACRIFICE AGREEMENT

***🖌Note\****

*This document is only a template and it is recommended to be reviewed carefully in order to include terms and conditions that are relevant to your organisation and staff members. If your organisation does not provide this benefit, do not use this template.*

*\*Please delete note before finalising this document.*

Made on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_\_\_

BETWEEN

**Employer:** **[Insert organisation name**]

AND

**Employee:** **[Insert employee’s name]**

**Nominated Associate:** **[Insert partner’s name, if applicable]**

### Agreement

1. I am an employee entitled to receive gross wages.
2. I am eligible to apply for a **[Insert bank’s name]** Employee Benefit Card (Card) to package expenses under the policy guidelines specified by my employer.
3. I acknowledge that I have read the policy guidelines outlined by my employer and agree to comply with the conditions as contained in the policy and the terms and conditions stated herein and the Card Conditions of Use.

### Terms and conditions

1. I hereby authorise a reduction in my gross wages by an amount of $ **[insert amount]** to be effective from the next pay cycle.
2. I agree to apply for a Card and/or have an associate of mine apply for a Card with **[insert bank’s name]** which may be used to incur a range of unspecified personal expenses with the exception of payment of fines or cash advances. I nominate the associated name above for this purpose.
3. I acknowledge that the amount of the reduction in my remuneration as authorised by Clause 1 will be transferred by regular transfers to a Card Account in my name and/or my Associates name with **[insert bank’s name]** to reimburse expenses to be incurred on the card.
4. I agree that I have no entitlement to the amounts transferred to the Card Account other than as a reimbursement of expenses incurred on the Card subject to the Card Conditions of Use.
5. I acknowledge that any credit balances remaining on the Card Account in my name or my associates name on termination or cancellation of the Card shall be refunded to my employer and taken into account in my overall remuneration reconciliation.
6. I acknowledge that I am responsible for all expenses incurred on the Card held either by me or my associate.
7. I agree that I will pay to my employer on demand any debit balance on the Card held either by me or my associate and any expenses debited to either Card after its termination or cancellation due to delays in processing transactions on the Card by Merchants.
8. I authorise and direct my employer to make such deductions from my remuneration or termination entitlements as are required, to discharge my obligations to my employer under this Agreement.
9. I acknowledge that the amount of expenses incurred by me or my associate on the Card will be disclosed on my group certificate as a fringe benefit.
10. I agree that my employer may alter or discontinue this arrangement at any time and in particular if there is a change in any relevant legislation that adversely impacts on the arrangement.

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| --- | --- | --- | --- | --- |
| **Employee** | | | | |
| **Name** |  | | | |
| **Signature** |  | | **Date** |  |
| **CEO/Manager** | | | | |
| **Name** |  | | | |
| **Signature** |  | **Date** | |  |