



## GUIDANCE FOR COMPLETION OF YOUR RETURN

### 1. MEMBERSHIP DETAILS

We have listed employees for who contributions were made with your last payment processed. Please complete any details, or correct any details which are shown incorrectly. If a member has changed their name please forward a certified copy of the Marriage Certificate or Deed Poll.

### 2. NEW EMPLOYEES WHO ARE NOT MEMBERS

If an employee is not a member of HIP, list their full name, address and date of birth and the employee's Tax File Number (where you have authorisation) together with the payment details on this return.

### 3. NEW EMPLOYEES WHO ARE EXISTING MEMBERS

If your employee is already a member of HIP, please request their membership number.

### 4. DELETING MEMBERS/LAST PAYMENT FOR MEMBERS

If any of the employees listed did not work for you in the payment month please cross out the information. If the employee is receiving their last payment, advise the date of the termination.

### 5. PAYMENT DETAILS

Weeks relates to the number of weeks (or part weeks) the employee worked for you during the month. Weeks are calculated by the number of Fridays or your designated payday in the month.

### 6. YOUR PAYMENT OPTIONS

Please make your cheque payable to Health Industry Plan and post your cheque with this return to the address overleaf. Do not forget to write your employer number on the reverse side of the cheque.

***Contributions will not be credited to your employees' accounts until we have received both your payment and copy of this return of the allocation details.***