

Send this form
to your payroll or HR department



Top up your super with salary sacrifice

Your details

your HIP member number	your date of birth
<input type="text"/>	<input type="text"/>
title	first name(s)
<input type="text"/>	<input type="text"/>
surname	
<input type="text"/>	
your home address	
<input type="text"/>	
suburb	postcode
<input type="text"/>	<input type="text"/>
contact phone number	mobile
<input type="text"/>	<input type="text"/>
your employer	your employee number
<input type="text"/>	<input type="text"/>

The amount you want to salary sacrifice

Please reduce my **before tax** salary/wages by \$ each pay period and send it to my super fund, Health Industry Plan (HIP).

I understand that my **before tax** salary/wage will reduce by this amount and as a result my Superannuation Guarantee (SG) contributions paid by my employer may be less.

I also understand that this amount will continue to be deducted from my **before tax** salary/wage until I write to my employer to cancel or change it.

your signature

signed	dated
<input type="text"/>	<input type="text"/>

Send this form to your payroll or HR department and keep a copy for your records

August 2004
The Trustee of Health Industry Plan is Private Hospitals Superannuation Pty Ltd
ABN: 59 006 792 749 AFSL: 247063