

Participation Request Form

Personal Details

Please complete this form and return it to AccessPay with supporting documentation relevant to your payment requests.

Title Mr Mrs Ms Miss

Surname

All Given Names

Preferred Name (if different from given)

Date of Birth

Home Address

Suburb

Postcode

Postal Address

Suburb

Postcode

Preferred Email Address

(required if you would like to access your salary packaging online)

Contact Number Home

Work

Mobile

How would you prefer to be contacted for general enquiries? You can select more than one box.

Home phone

Work phone

Mobile

Email

Post

Employment Details

Employer

Employment Position

Full time

Part time

Casual

Payroll Number

Date to begin salary packaging

Next Pay

OR

Are you provided with a company vehicle?

Yes

No

If **Yes**, please provide your vehicle registration number

Do you have private health insurance?

Yes

No

If **Yes**, does it include hospital cover?

Yes

No

Do you have an Education Debt? (e.g. HELP)

Yes

No

Do you receive Centrelink or government income support?

Yes

No

Do you pay or receive child support?

Yes

No

Security Question

To help us identify you when you contact us, please choose an authorisation question and provide an answer.

What is the name of your first pet?

What is the name of your best friend?

Name of the suburb of your first home?

The name of the first company that employed you?

What is the maiden name of your mother?

Answer

Identifying Document

Please specify which document and supply the corresponding document number:

Australian Driver's Licence

Australian Proof of Age Card

Australian Passport

Other Passport - Please specify country of issue

Document Number:

(Example: licence number, card number, passport number)

Nominate an Authorised Representative for your account (optional)

I hereby authorise

who is my

to discuss my salary packaging arrangements on my behalf.