



FRINGE BENEFIT ACCOUNT

Adjustment Request (Form FB001)

Uniting Church SA ABN 25 068 897 781

I wish to participate in the packaging of my stipend and allowances to the Fringe Benefit Account as indicated below, effective from (month /year) :

Name: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Please indicate:

OPTION 1: Maximum allowable % of the minimum Stipend
(as per Fringe Benefits Account Handbook, Revised January 2014)
and 100% of allowable allowances

OR

OPTION 2: Fixed amount of _____ per month

- I authorise the stipend & allowance package (Option 1) to be adjusted to reflect movements in the Stipend & Allowance Schedule A as approved at the Presbytery & Synod meeting unless Option 2 (Fixed monthly amount) is selected above.
- I also understand the limit available on the MasterCard provided by Presbytery & Synod held against my account will be automatically reviewed and adjusted as applicable in accordance with my Fringe Benefit amount unless I advise finance@sa.uca.org.au of a lower amount.
- I understand this instruction is to remain until I give written notification that says otherwise (to be actioned at the next payroll cycle) or is withdrawn when I am no longer eligible to hold Ministers Fringe Benefit Account and/or MasterCard with Uniting Church SA.
- I undertake to adhere to the current 'Guidelines in the Fringe Benefits Account Handbook'.
- I certify that I am a RELIGIOUS PRACTITIONER within the terms described in Section 57 of the Fringe Benefits Tax Assessment Act and understand that claims represent benefits provided principally in respect of pastoral duties directly related to the practice, study, teaching or propagation of religious beliefs.
- I note the amount set aside for fringe benefits does not exceed the maximum allowable of stipend and allowable allowances as indicated in the 'Guidelines in the Fringe Benefits Account Handbook'.
- I understand eligible monthly payroll deductions will reduce the amount credited to my Fringe Benefit Account. E.g. BUPA and loans.

Signed: _____ Date: _____

Please complete, print and sign this form and return (either scan and email or post) by the to:

Payroll Bureau Service
Uniting Church SA, GPO Box 2145, Adelaide SA 5001
Email: payroll@sa.uca.org.au Fax: (08) 82364286

OFFICE USE ONLY:

Received:	Account Code		
	Processed	Sign	Date
	Verified	Sign	Date