

Please make  
sure you answer  
every question

# Complete this form if you would like to pay by *salary deduction*

Please check with us or with your employer to make sure there is a salary deduction plan in place before choosing this option.

## Your details

rt membership number

Given names

Family name

Date of birth (dd/mm/yy)

## Who do you work with?

Employer's name

Location, section or department

Employee number

Paymaster's name

Paymaster's telephone number

Paymaster's fax number

## Salary deduction request

Please deduct the amount of \$  .  from my pay each week  fortnight  month

- Some organisations only do salary deductions at certain times, please check with your payroll area that the payment frequency you want is available.
- There may be a payment adjustment required to cover the period of time from when your cover commences (or when you are currently paid up until) to when your first salary deduction occurs. We will contact you to advise you of this amount (if any).
- If you change to another method of payment, you will need to make a payment adjustment to begin making payments in advance (salary deduction payments are generally paid for the period just ended).
- With four weeks' notice, rt health fund may choose to remove the option of salary deduction from your group.

Name (please print)

X

Today's date / /

Group number (office use only)

### Send your completed form to us by:

- emailing to [help@rthealthfund.com.au](mailto:help@rthealthfund.com.au)
- faxing to 1300 887 123
- mailing to PO Box 545 Strawberry Hills NSW 2012
- dropping in to one of our member care centres.

If you have any questions our member care team is here to help. Call us on **1300 886 123**.