



ABN 74 030 569 265

410 Brunswick Street,

Fitzroy, Victoria 3065

Phone: (03) 9419 8811

Fax: (03) 9419 9258

Email: reception@ufuvic.asn.au

www.ufuvic.asn.au

President: Dave Hamilton

Secretary: Peter Marshall

AUTHORITY AND DECLARATION

I hereby authorise the United Firefighters Union of Australia (UFU), Victoria Branch, to act on my behalf in respect of income protection insurance and appoint Protect as my provider.

I authorise my employer to pay \$48.00 per week for my income protection insurance directly to Protect, in accordance with the Order of the Fair Work Commission and letters of agreement between the UFU and Government, MFB and CFA.

I understand the income protection arranged by the UFU on my behalf, will come into effect as at the date that this duly signed and dated declaration is received by the UFU.

Name

Date of Birth:

Address:

Email address:

Telephone number:

Registered/Payroll
number:

Employer:

Signature:

Date:

This authorisation form is to be completed and returned to the UFU Office, 410 Brunswick St Fitzroy VIC 3065 using the reply paid envelope enclosed or scanned and emailed to the UFU Office via org2@ufuvic.asn.au



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NOTE: The UFU has been working with the MFB and CFA to include matters relevant to the employer and to ensure there are no tax implications for you. If you have elected to have PROTECT as your income protection insurance provider, you must sign this authorisation and declaration form. This will not delay the process.

I hereby authorise the United Firefighters Union of Australia (UFU), Victoria Branch, to act on my behalf in respect of income protection insurance and appoint PROTECT (ABN 98395 548 596) as my provider.

In accordance with the Orders of the Fair Work Commission and letters of agreement between UFU, the Victorian Government, MFB and CFA, I authorise my employer to deduct from my post-tax earnings the weekly premium of \$48.00 which is to be remitted directly to PROTECT on my behalf and I aim to be simultaneously reimbursed via payroll for that same amount.

I authorise my employer to provide my name, address, contact details and date of birth to PROTECT for the purpose of administering my income protection insurance.

I authorise the insurer to provide to my employer a breakdown of my income protection insurance premium for the purpose of compliance with taxation requirements.

I understand the income protection arranged by the UFU on my behalf, will come into effect as at the date that this duly signed and dated authority and declaration is received by the UFU.

I understand that the amount reimbursed by my employer is not deductible in my personal income tax return and nor will that amount be reported as income on my annual payment summary.

I understand that this declaration is to apply for a period of up to five years from the date of this declaration or until a new declaration is sought from my employer to otherwise comply with taxation requirements.

Name
Date of Birth:
Address:
.....
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Telephone:
Registered/Payroll
number:
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Date:

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