

# CORPORATE PAYROLL DEDUCTION

*it's easy as...*

**nib**



# Payroll Deduction Authority

**Please return completed form to:**  
 nib health funds  
 Reply Paid 62208  
 22 Honeysuckle Drive  
 Newcastle NSW 2300  
 Phone **1800 13 14 63**  
 Email **grouphealth@nib.com.au**

## Employee's Details

nib customer no.  
(if known)

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Surname

Given names

Address

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Postcode	

Employee No.

## Employer's Details

Employer's name

Address

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Postcode	

Location/  
Department

Office Use Only

Group No.

## Deduction Details

### New Customers

Deduct from my wages/salary the sum of \$

My pay frequency is

weekly  fortnightly  monthly - deductions should be in-line with your pay frequency

Commence the first  
pay period after

/	/
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Name/level  
of cover

### Existing Customers - This authority is to replace the existing one.

Change the deduction amount from my wages/salary from \$

to \$

My pay frequency is

weekly  fortnightly  monthly - deductions should be in-line with your pay frequency

Commence the first  
pay period after

/	/
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Name/level  
of cover

- Unless otherwise specified, deductions will commence from the pay period commencing after the date of the new/changed cover specified on this authority. This authority remains in effect until cancelled by me in writing.
- Should the amount payable by me to nib be altered by reason of an alteration to the premiums for my cover, then this authority shall extend to cover the altered deductions.
- In consideration of your consenting to make such deductions and payments as above, I agree for myself, and anyone acting on my behalf, to hold my employer fully indemnified against any liability arising for acts, or failures to act, in relation to this authorisation.

**Employee's  
Signature**

Date

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