



Ministry Agents Fringe Benefits account

Ministry Location Application to participate 2024

Form 4-002

Section 1: Your Details

Full name

Address

postcode

Phone (home)

Phone (work)

Preferred

home or

work

Email (home)

Email (work)

Preferred

home or

work

Section 2: Employment Details

Employer name

Position

Payroll number

Gross Annual Remuneration* \$

*Refer to your employment contract, or use your last payslip and multiple your payment of ordinary hours/normal hours x 12 (if paid monthly) or 26 (if paid fortnightly).

Pay frequency

Monthly

Fortnightly

Employment type

Full-time

Part-time

Casual

Section 3: Queensland Synod Ministry Agent Fringe Benefits scheme participation

DO NOT wish to participate in Ministry Agents Fringe Benefits for 2024.

Wish to participate in packaging of my remuneration for 2024.

If you are not currently participating in the scheme, date to begin deductions:

Next Pay (add date if known)

Future Date (complete date)

Dollar amount per pay frequency to be transferred to a fringe account

	Percentage of remuneration	Deduction amount per pay frequency (Round down to the nearest whole dollar) (ie annual remuneration / [12 for monthly or 26 for fortnightly] x nominated percentage)
Select one only	10%	
	20%	
	30%	
	40%	
	50%	

Deduction amount to be transferred to a Queensland Synod fringe account by:

Internal transfer via accounting journal (Queensland Synod payroll service).

Bank transfer to Queensland Synod bank account (Blue Care payroll service only).



Section 4: Acknowledgements and Consents

1. I certify that I am a Religious Practitioner within the terms described in section 57 of the Fringe Benefits Tax Assessment Act (FBTAA). I understand that fringe claims represent benefits provided principally in respect of pastoral duties directly related to the practice, study, teaching or propagation of religious beliefs.
2. I confirm that I have been commissioned into the ministry location position. Date of Commissioning
3. This application is to remain in force until written notification to vary it is received from me.
4. I undertake to adhere to the guidelines as set out in [Guidelines for Ministerial Fringe Benefits](#) available on the [Queensland Synod website](#), as amended from time to time.
5. A fringe benefits administration fee will be deducted from my Queensland Synod fringe account.
6. My participation in the Queensland Synod Fringe Benefits Scheme benefits me and I authorise the above fringe benefits amount to be made on my behalf to the Queensland Synod.

Signed

Date

This form must be completed and received by the 5th of the month in which it is to be actioned.

Office use only	Received by Date	Calculated by Date	Entered by Date
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