

PHOENIX HEALTH FUND LIMITED

A.B.N. 93 000 124 863

PAYROLL DEDUCTION AUTHORITY

For the employees of OneSteel
and Associated Companies

YOUR EMPLOYER'S DETAILS

Employer's Name:

Address:

..... Postcode:

Location/Department:

PERSONAL DETAILS

Family Name:

Given Names:

Address:

.....

Postcode: Payroll/Clock/Employee No.:

I hereby authorise my employer to deduct from my salary/wages the sum of \$.....per week/fortnight/month, being the contribution applicable to my nominated membership, or such other amount as may be varied by reason of an alteration in the rates of contribution, until cancelled by me in writing.

SIGNED DATE

Please hand this section to your Payperson.