

Allianz Australia Insurance Limited ABN 15 000 122 850  
 Canberra Branch  
 PO BOX 262, CANBERRA CITY, ACT 2601, AUSTRALIA  
 SUITE 2, LEVEL 1, 91 NORTHBOURNE AVENUE, TURNER, ACT 2612, AUSTRALIA  
 Phone 132 664 Fax +0061 (02) 6246 1400  
 Hereinafter called the Company



**AUSTRALIAN CAPITAL TERRITORY**

**ACTUAL WAGE DECLARATION**

Insured:

Date of Issue:

Addressee:

Policy Number:

Nature of Business/Industry:

Policy Type: **Employers' Indemnity Policy**

Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_ at 4:00pm (unless otherwise indicated)

Please complete this form as required by the ACT Workers Compensation ACT 1951 and return to Allianz within 30 days of your policy renewal date.

**DEFINITIONS**

**WAGES**

"Wages" include, but is not limited to, all benefits (before tax) received by your employees whether in money or money's worth and includes wages, salary, overtime, shift and other allowances (if FBT applicable), over-award payments, bonuses, commissions, directors payments, sick leave and holiday leave payments, superannuation in excess of Superannuation Guarantee Levy payments, trust disbursements in lieu of wages and grossed up fringe benefit payments. Wages includes payments to most contractors as outlined below. Please refer to the ACT Wages & Earnings Guide to identify all categories of benefits applicable to your employees which must be declared.

**EMPLOYEES**

"Employees" also include contractors engaged on a regular or systematic basis or under circumstances in which the contractor had a reasonable expectation of the engagement continuing on a regular or systematic basis, and contractors who provide labour only or substantially labour only. Such contractors must be included in the numbers of employees and payments to them must be included in the wages declared in this form.

"Employees" also include most unpaid or voluntary employees. They too must be declared in this form.

**Schedule 1: Actual Amounts Paid in Previous Period**

**A. Ordinary Employees**

Class Of Occupation	Number of Employees	Gross Amount Paid	Number of Hours Paid
		\$	
		\$	
		\$	
		\$	
Family Members		\$	
Unpaid Workers		Not Applicable	
<b>Total</b>		\$	

**B. Family Members**

Members of Employer's family or household or Relatives to be included in this insurance and whose wages have been included above.

Full Name	Relationship To Employer

**C. Working Contractors and Sub-Contractors**

Type of Contract Work Being Performed	Code* (see below)	Actual Contract Values
		\$
		\$
		\$
		\$
		\$

\*Please indicate in this column the appropriate code as described below:

Labour Only                      LO                      Labour, Plant and Material                      LPM  
 Labour and Material              LM                      Labour and Plant                      LP

**Employer's Statement**

I, \_\_\_\_\_ of  
*(insert name of Employer/or Representative)*

\_\_\_\_\_  
*(insert address of Employer/or Representative)*

\_\_\_\_\_  
*(insert relationship to Employer, eg, director, general manager, sole employer)*

Understand and agree to the following by signing this Wage Declaration:

1. I have read and checked the information contained in this Declaration. I acknowledge Allianz Australia Insurance Limited is relying on the information.
2. All the information contained in the Declaration is true, accurate and not misleading and the information does not misrepresent or misstate any material fact.
3. I have fairly estimated the total expenditure for wages, salaries and all other forms of remuneration, number of employees, and the appropriate time worked during the period of indemnity proposed.
4. I agree that the Proposal and this Statement form part of the Policy to be issued on the terms and conditions contained in it.

**I understand that providing false wage information to an insurer is a criminal offence which may result in a financial penalty for an individual and/or corporation.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date