

# Northern Territory Invitation to Renew and Wage Declaration

Insured \_\_\_\_\_

Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Policy Number \_\_\_\_\_ Account Number \_\_\_\_\_

Addressee \_\_\_\_\_

Postcode \_\_\_\_\_

Nature of Business \_\_\_\_\_ Policy Type Employers' Indemnity Policy

Period of Insurance From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at 4.00pm (unless otherwise indicated)

ABN \_\_\_\_\_ Unknown, if applicable, please advise \_\_\_\_\_ Registered for GST: Unknown, please advise  Yes  No

ITC entitlement \_\_\_\_\_ Unknown, please advise \_\_\_\_\_ % (we will assume zero entitlement if not advised)

**You are obliged under Section 130 of the Workers Rehabilitation & Compensation Act to complete this wages declaration within 28 days of your Policy's expiry date being:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (Name and address) \_\_\_\_\_

do solemnly and sincerely declare the following details:

## Actual Amounts Paid in Previous Period

### A. Ordinary Employees

Class of Occupation	Number of Employees	Gross Amount Paid
		\$
		\$
		\$
		\$
		\$

## Estimate of Payments for Future Period

### A. Ordinary Employees

Class of Occupation	Number of Employees	Gross Amount Estimated
		\$
		\$
		\$
		\$
		\$

If you require Family members or Company Directors covered under this Policy complete the following section.

### B. Family Members or Working Directors

Full Name	Relationship to Employer	Occupation	Gross Amount Paid	Occupation	Gross Amount Estimated
			\$		\$
			\$		\$
			\$		\$

### C. Other Persons Prescribed by Workers Rehabilitation & Compensation Act

Occupation of Prescribed Persons	Actual Number of Persons	Gross Amount Paid	Estimated Number of Persons	Gross Amount Estimated
		\$		\$
		\$		\$
		\$		\$

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Before Me (witness) \_\_\_\_\_ Print Name \_\_\_\_\_

Address of Witness \_\_\_\_\_

**Note:** A person wilfully making a false statement in a Statutory Declaration is liable to substantial penalties.

This Policy will lapse if no instructions are received by:

Policy Number \_\_\_\_\_

Attachment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please renew this Policy for a further 12 months from 4pm.

Please detach and return to:

**Allianz Australia Insurance Limited**  
 GPO Box 4771  
 Darwin NT 0801  
 Phone (08) 8982 8333  
 Fax (08) 8982 8316

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## Who will be covered under the new definition?

All workers who:

- carry out work or services for you and DO NOT provide you with an Australian Business Number (ABN) in writing.

as well as:

- a person or class of persons included by Regulation (e.g. St. Johns Ambulance Volunteers.);
- Fire Brigade, Bushfire and Emergency Services volunteers.

## Notes

### Gross Payments Include:

For Wages and Salary Earners, Family Members and Company Directors.

- Wages, salaries, bonuses, allowances, commission and all other remuneration paid, including pays in respect of holidays, sickness, and long service leave.
- Overtime.

## Signature of person making the declaration

This form is a statutory declaration and must be signed before a person who has attained 18 years of age. Regulation 16 of the Workers Rehabilitation & Compensation Act also provides that the Declaration must be signed by certain persons depending upon the organisational status of the employer.

- (a) Where the employer is natural person – the form must be signed by the person.
- (b) Where the organisation is a partnership – the form must be signed by a partner.
- (c) Where the organisation is a company, within the meaning of the Companies Act – the form must be signed by a director or secretary of the company.
- (d) Where the organisation is a foreign company, within the meaning of the Companies Act – the form must be signed by a director, the secretary or agent in the Territory of the foreign company.
- (e) Where the organisation is an incorporated association within the meaning of the Associations Incorporation Act – the form must be signed by the Public Officer.