

grouping registration form

Grouping Registration Form to register related employers for the purpose of workers compensation premium assessment.

COMPLETE A SEPARATE FORM FOR EACH EMPLOYER IN YOUR GROUP.

Return completed form by Fax: (02) 9271 6250, Email: premium.services@icare.nsw.gov.au Post: Premium Services, Locked Bag 2906, Lisarow, NSW 2252.

1. Employer details		
Legal name of employer (as per ASIC business name register)		
ABN of employer	ACN	
Name of trust (if applicable)	Trust ABN	
Trading name (if applicable)		
Contact name		
Work phone number	Email	
Postal address		
Suburb	State	Postcode
Street address (if different to postal address)		
Suburb	State	Postcode



grouping registration form

2. Employer policy				
Scheme agent (insurer)				
WC policy number		Policy commencement of	date (current renewal year)	
Group number (if known)	The date this emplo	oyer became related to other me	embers of group (eg date of purchase)	
Reason for becoming related (eg new business, shareholding, acquisition etc)				
Aligning your policy with the rest of the of a group must hold its workers compe members of the group.				
If your policies are not aligned, contact t your current scheme agent to cancel you			group renewal date and also contact	
Grouping Registration Form — to registe	er related employers for th	ne purpose of workers compens	ation premium assessment.	
3. Group contact details (Name of the p	person authorised (if any) as	a central contact point for the group	o as a whole)	
Group contact name		Position title		
Postal address				
Suburb		State	Postcode	
Work phone number		Email		
4. Group employers (Identify all other endocument). Before you complete section 4, re				
Legal name of employer				
ABN of employer or trustee				
5. Group policy details (Policies must b	e aligned to an existing rene	wal date of one of the policies in the	group).	
Proposed scheme agent for all policies in your group				
Proposed renewal date for group policies				



grouping registration form

6. Declaration (This form must be completed by an authorised office-holder of the employer, and not an employer agent or broker).

l,	PRINT NAME	
declare that, to the best of my knowledge, the information provided in this form is true and correct in every particular.		
Signature	Date (DD/MM/YYYY)	
Position/title		

Note: icare workers insurance collects the above information from related employers for the purpose of calculating the workers compensation premium of an employer who is a member of a group.

This information may also be disclosed to the Chief Commissioner of State Revenue under section 243 2(b) of the *Workplace Injury Management and Workers Compensation Act 1998* (WIMWC Act).

Section 4 - Who should register for grouping?

Grouping applies to related employers that hold workers compensation policies in NSW and who have combined wages over the prescribed amount, including not-for-profit employers and employers eligible to be grouped for payroll tax.

Part 7 of the WC Act provides the grouping principles on which workers compensation grouping provisions are based. Employers may be related for grouping through commonly controlled businesses, through the use of common employees, or through tracing of interests in corporations.

The following employers are not required to be grouped:

- Self-insurers
- · Government departments
- Members of a group where the total group wages payable to workers does not exceed the prescribed amount. Details of the prescribed amount for grouping may be viewed at www.icare.nsw.gov.au.

Under the WC Act, if an employer who is a member of a group fails to pay a workers compensation premium, every continuing member of the group is liable jointly and severally to pay the amount.

Full details about grouping provisions under the Workers Compensation Act 1987 (WC Act) may be viewed at legislation.nsw.gov.au.