GIO WORKERS COMPENSATION NORTHERN TERRITORY

DECLARATION OF ESTIMATED WAGES

The Return to Work Act 1986 requires you to declare estimate wages for the renewal period of your workers compensation policy. This estimate is used to calculate your premium for the period of insurance specified below. To help you complete this form we have enclosed two supporting documents for your reference. Important Information and a Definition of Wages Summary document. Please complete and return this form prior to your policy renewal. Please select your payment method by ticking the boxes below. Annual ☐ Half yearly Quarterly ☐ Monthly *Note: To be eligible for the instalment options, your renewal premium has to be greater than \$2,000. **Policy details** From to Policy number: Period of insurance: **Employer details** Insured: ABN: ACN: Trust name: ABN: ACN: Trading name: Postal address: Suburb State Postcode Business situation address: Postcode Suburb State Business description:

ITC Status:

Confirm Employer details Have any of the above details changed? ☐ No Yes Provide clear details of the changes below: Please update your contact details: Ph: Mobile: Fax: E-mail address: Contact Person: Policy renewal Are you renewing this policy? Yes Please complete estimated wages and return completed form ☐ No If 'No' please provide Date of cancellation Reason for cancellation: Insured elsewhere ☐ Ceased employing ☐ Business sold Ceased trading Policy replaced by another GIO policy

If you are not renewing this policy you still need to confirm Employer Details (Section 2), the Statement by or on behalf of employer (Section 7) and return this form with the Declaration of Actual Wages Form. You do not need to provide estimated wages.

Other (provide details)

5. Estimated wage

Please enter the total estimate wages for each type of worker that you will employ during the period of insurance.

5.1 General employees

Include all workers **except** family members, working directors or contractors/subcontractors as you will declare these types of workers separately on this form.

Description of work performed		
List each separate and distinct work activity your general employees are engaged in	Number of workers	Total estimated wages
		\$
		\$
		\$
		\$
		\$
		\$

5.2 Working directors

See the **Important Notices** included with this form for information

Name	Occupation	Total estimated wages
		\$
		\$
		\$

5.3 Family members

See the **Important Notices** included with this form for information.

Members of the employer's family who live in the employer's home will not be covered unless their details are provided below.

Name	Relationship to employer	Occupation	Total estimated wages
			\$
			\$
			\$
			\$

6. Special Acceptance Questions

Does your business engage in any labour hire, aerial, underground, overseas, offshore or asbestos-handling activities?

If yes, please provide the following breakdown

	Yes	If yes, how many workers at one time?	
Labor hire			
Aerial			
Underground Mining			
Offshore			
Asbestos Handling			
Overseas			
Board on the information you provide we may condive a Special Accordance Questionneire to better understand your business			

Based on the information you provide, we may send you a Special Acceptance Questionnaire to better understand your business.

7. Contractors/subcontractors

Please provide the total estimate wages and or full contract value for contractors/subcontractors that are deemed to be your employees.

Name of contractor/ subcontractor	Type of contract (select one only)	Description of work performed by contractor/ subcontractor	Number of workers	Total Estimated Wages (if known)	Total Estimated contract value
	☐ Wages only			\$	\$
	☐ Labour only			\$	\$
	☐ Labour and Tools			\$	\$
	☐ Labour and Plant			\$	\$
	Labour and Materials			\$	\$
	Labour, Plant and Materials			\$	\$
	☐ Wages only			\$	\$
	☐ Labour only			\$	\$
	☐ Labour & Tools			\$	\$
	☐ Labour & Plant			\$	\$
	Labour and Materials			\$	\$
	Labour, Plant & Materials			\$	\$
	☐ Wages only			\$	\$
	☐ Labour only			\$	\$
	☐ Labour & Tools			\$	\$
	☐ Labour and Materials			\$	\$
	☐ Labour & Plant			\$	\$
	Labour, Plant & Materials			\$	\$

8. Statement by or on behalf of employer

Please complete the below statement to verify the information that you have provided in this form regardless of whether you are renewing your policy or not.

I (print your name, position)		
Name	Position	
(0		/
(of)	(busines	ss/entity)
Phone	Email	
confirm that the information provided in been suppressed or omitted	his renewal and any attachments are true, correct and complete and that no informat	tion has
☐ I am authorised as the employer/by the	mployer to complete and sign this statement	
Penalties may apply for providing false, mis	ading or incomplete information.	
Signature	Date	

KNOW NOW

How to return this form

• Email: giopolicy@gio.com.au

• Post: GPO Box B50 Perth WA 6838

How to contact us

• Phone: 13 10 10

• Web: gio.com.au