



**QBE INSURANCE (AUSTRALIA) LIMITED**  
 ABN 78 003 191 035  
 Canberra Branch  
 Level 2, 33 Ainslie Avenue  
 Canberra City ACT 2602  
 Postal Address  
 PO Box 1008  
 Civic Square ACT 2609  
 Telephone: (02) 6240 3434  
 Facsimile: (02) 6249 8633  
 DX: 5669 Canberra

# ACT Workers' Compensation Return-Wages and Salary Declaration/Estimation of Wages

Renewal of your policy is invited subject to completion of this form and its return to us

**Employer/Business Name**

**Policy No.**  **A/C No.**

**Area**  **Expiry Date**

---

Period of Insurance to which this return relates.

Actual  /  /  To  /  /

Estimate  /  /  To  /  /

ABN

As your policy is due for renewal in the near future you are required to supply to QBE Insurance (Australia) Limited, within four weeks of the expiry date of your policy, a declaration of actual wages for the expiry period and an estimate of wages for the ensuing period. Please complete all applicable schedules.

## Schedule 1. Contractors/Subcontractors

(a) Do you expect to contract out any of the work in connection with the business? Yes  No

(b) If the answer to (a) is "Yes", will you satisfy yourself that contractors/subcontractors are insured for workers' compensation by obtaining letters of indemnity from them? Yes  No

If the answer to (b) is "No" please complete (c) below.

(c) Alternatively, do you wish to include such indemnity in the insurance now proposed? Yes  No

If "Yes", please complete the following.

Name of contractor/subcontractor and nature of the work	Estimated amount for the proposed period of insurance			
	Labour only \$	Labour and plant \$	Labour and materials \$	Labour, plant and materials \$
<b>TOTAL</b>				

## Schedule 2. Directors and Relatives

Give details of Directors and Relatives engaged in the business or trade (include their wages in Schedule 3).

Name in full	Age	Relationship	Occupation	Wage Range	Value of keep and other allowances
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

*Note: Directors are deemed workers and wages MUST be included.*

## Schedule 3. Details of Wages

For each location please provide the following and state the industry.

Give details of actual wages paid during the period expiring and estimated wages for the proposed period of insurance

Note: "Wages" means ALL amounts paid in money's worth and includes overtime, bonuses, allowances, commissions and the value of cash substitutes.

Location

Industry

Please provide detailed description of business or industrial activity	Average number of workers for each description		Wages of workers of each description		Hours worked
	Actual	Estimated	Actual	Estimated	
1.					
2.					
3.					
Directors/Relatives					
Contractors/Subcontractors					
Volunteers					

If there is insufficient space in any of the above schedules, use a separate sheet of paper.

## Report of Registered Company Auditor / Accountant

Full name

Address

Being a Registered Company Auditor, certify that I have (complete either a. or b.):

a. examined the books, accounts and other relevant records of  ('the employer')  
for the period from  /  /  and ending on  /  /

b. audited the books, accounts and other relevant records of the employer  
for the period from  /  /  and ending on  /  /

In my opinion and according to the information and explanations given by the employer and as shown in the employer's books, accounts and other relevant records, the declaration of wages attached correctly sets out the information as to wages and numbers in each description of business or industrial activity as is required to be supplied by the employer by the Workers Compensation Act 1951.

Name of Firm

Signature

Date

If the person who has examined or audited the books etc. of the employer for the purposes of this report is a duly admitted of the Australian Society of Accountants or duly registered with the Institute of Chartered Accountants in Australia and has carried out that examination etc. on behalf of a firm whose general business is accounting and related matters, the name and address of the firm only need be inserted.

## Statutory Declaration by or on Behalf of the Employer

To be completed

I,  of   
(Proprietor, Partner or Officer of Company) (Address)

Declare that:

1. I am  of   
(insert capacity in which declaration is made) (the employer's name)

2. The attached declaration of wages paid to workers meeting each description of business or industrial activity and of the average number of workers meeting each such description employed by the employer in respect of:

the period from  /  /  and ending on  /  /

has been made by reference to all wages (as defined in section 158 of the Workers Compensation Act 1951) paid or payable in respect of that period by the employer and is in accordance with the records required to be kept under that Act and the Regulations made under that Act;

And I certify that the contents of this declaration are true and correct to the best of my knowledge.

Note: A person who knowingly provides a statutory declaration that contains false information commits an offence against this Act.

Signature

Date