## QBE

## QBE INSURANCE (AUSTRALIA) LIMITED National Workers' Compensation Declaration of Actual Wages

Insured								Expiry Da	te		
ABN:					_ ITC Entitlement:						
Policy No.:											
WA	WA Tas			ACT				NT			
Peri	od of Insurance:		From:					То:			
As your policy will expire in the near future, it will be necessary to complete an adjustment of the premium for the period expiring. Accordingly, we request that you supply, within 4 weeks of the expiry date of your policy, a declaration of actual wages paid for the expired period. Please complete all applicable schedules. Renewal of your policy is invited subject to completion of this form.											
ScI	nedule 1: Details	of Wages									
			,	ACT		NT		Tas	WA		
Em	oloyee Wages	Total									
Man	agerial/Clerical										
Trav	veller										
Other (specify)											
Other (specify)											
Contractors/Sub-Contractors (Schedule 2)											
Directors & Relatives (Schedule 3)											
Employee Numbers											
If there is insufficient space in any of the above schedules, please use a separate sheet of paper.											
Do you currently employ or expect to employ du insurance 457 visa labour?					e period	d of	Y	es 🗆	No 🗌		
Schedule 2: Contractors / Subcontractors											
(a)	Did you contract out an	y of the work ir	n connec	tion with	the bus	siness?	Y	es 🗌	No 🗌		
(b)											
	If the answer to (a) is "N	•		) below.				_	_		
(c)	Name of		State Est			timated amount for the proposed period of insurance					
	contractor/subcontraction	ctor &		Lab Onl		Labour 8		_abour & laterials \$	Labour, Plant & Materials \$		
			TOTAL			1					

WCNDOAWF (WD) (03/04) Page 1 of 2

## Schedule 3: Directors & Relatives

Please give details of directors and relatives engaged in the business or trade, and include their wages in Schedule 1.

NOTE: Any directors or relatives not included are NOT insured.

Name in Full	State	Age	Relationship	Occupation	Wage Rate \$	Value of keep & other allowances \$
	•					•

Signature								
The above information is correct and may be verified by inspection of the wage books and other relevant records held by the company.								
Signed	Date	/	/					
Name (please print)								
Position								
Please return this form within 1 month from the expiry date to:								
QBE Workers' Compensation Key Accounts Unit GPO Box 4229, Sydney NSW 2001 DX 10333, Sydney Stock Exchange Tel: (02) 9375 4444								

The Privacy legislation protects personal and sensitive information on this form that could reasonably identify you to another person. QBE will only use or disclose your personal information for purposes that would reasonably be expected during the claim process. We may need to share your information with our agents or service providers who may also be involved with your claim. This could include rehabilitation providers, medical practitioners, investigators, solicitors, other insurers, and national and overseas reinsurers. If we need to use the information for another purpose, we will ask you for your permission first. If you would like any further information or if you have any concerns about how QBE is managing your personal information, please contact the Compliance Manager by email: compliance.manager@qbe.com or by telephone: (02) 9375 4656.