



National Workers' Compensation Declaration of Actual Wages

Insured

Expiry Date

ABN:

ITC Entitlement:

Policy No.:

WA

Tas

ACT

NT

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Period of Insurance:

From:

To:

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.

Schedule 1: Details of Wages

	ACT	NT	Tas	WA
Employee Wages Total				
Managerial/Clerical				
Traveller				
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 during the period of insurance 457 visa labour?

Yes

No

Schedule 2: Contractors / Subcontractors

(a) Did you contract out any of the work in connection with the business?

Yes

No

(b) If the answer to (a) is "Yes", were you satisfied that the contractors/subcontractors were insured for workers' compensation by obtaining letters of indemnity from them?

Yes

No

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

(c) Name of contractor/subcontractor & nature of the work	State	Estimated amount for the proposed period of insurance			
		Labour Only \$	Labour & Plant \$	Labour & Materials \$	Labour, Plant & Materials \$
TOTAL					

