



STATEMENT OF WAGES, SALARIES (Tasmania)

Policy no.

TR

Expiry date

/ /

Employer details

Trading name

Address

Postcode

Telephone no.

()

Fax no.

()

Important:

Please supply Australian Business Number (ABN) if applicable

Input tax credit status

%

A guide for completing of this form

This workers compensation policy is due for renewal. You should complete the actual wages paid during the current period, and an estimate of the wages to be paid for the next period, in Schedule A, B and C below (a definition of wages can be found of the bottom of the back of this form). Please also complete the declaration and request for renewal at the bottom of this page.

On the back, you will also find questions regarding occupation health and safety, and alternative duties, that you may have available for injured employees. The questions should be answered, as they may have an affect on the assessment of your premium.

Schedule A – General

DESCRIPTION OF ECONOMIC ACTIVITY (BUSINESS)	PAID FOR PERIOD / / TO / /		ESTIMATED FOR PERIOD / / TO / /	
	Wages as defined	No. of emp	Wages as defined	No. of emp
(Use a separate line for each location with a different activity)				

Schedule B – Working directors

Where Working directors are employed, their details should be noted in Schedule B, whether they are remunerated or not. Should they received no 'Wages', 'NIL' is to be noted in the wages column.

Name of working director	Paid for period	Estimated for period

Schedule C – Contractors and sub-contractors

Contractors and sub-contractors remuneration over the period of insurance, for which no certificate of currency has been obtained for proof of their workers compensation cover. Based upon the percentage of contract relating to the provision of manual labour.

Class of work	Paid for period	Estimated for period

Declaration

I confirm that renewal of this policy is required.

I have read the 'Collection, Use and Disclosure of Personal Information' section of this form and I consent to CGU Workers Compensation handling our personal information in the manner described in that section.

Signature of employer

Date

NOTE: ONLY THE DECLARATION OR THE CERTIFICATE BELOW NEEDS TO BE SIGNED.

I of

in the State of Tasmania, do solemnly and sincerely declare that the total sum of wages, salaries and other remuneration paid to our workers during the period expired was set out above

Signature of employer

Signature of witness

Address of witness

Date

OR

Certificate by registered company auditor, accountant or tax agent:

I of

being the duly appointed for

hereby declare that from my examination of this employer's wage records, I am satisfied that the remuneration declared is a true representation in respect of the actual amount paid by them to all of their workers for the period

from to .

Signature of company auditor, accountant or tax agent

Date

Occupational health and safety risk evaluation

Please ensure that the following questions are answered accurately, as they may have an effect on the assessment of your premium.

1. Does your organisation have:

i) a written occupational health and safety policy?

No Yes

ii) a written rehabilitation policy?

No Yes

2. Are your workers aware of your:

i) occupational health and safety policy?

No Yes

ii) rehabilitation policy?

No Yes

3. Have alternative duties been identified and used, or available to use, for injured workers?

No Yes

4. Is there a person responsible for co-ordinating:

i) your occupational health and safety program?

No Yes Please list name and position

ii) your workers compensation claims?

No Yes Please list name and position

5. Has your organisation undertaken an occupational health and safety audit by an external source in the last 3 years?

Yes i) Please have the following declaration completed by the original auditor:

Declaration by occupational health and safety auditor:

I (name) of (company) having carried out a workplace occupational health and safety audit of

(employer) during the past three (3) years, hereby declare that from an annual follow up audit on / / (date),

I am satisfied that the audit recommendations have been reasonably attended. A copy of this follow up audit has/has not been issued to the insurer.

No ii) Do you require assistance in selecting a consultant to carry out an audit?

No Yes We encourage you to do so, and take reasonable steps to carry out any recommendations made.

DESCRIPTION OF WAGES

Wages should include:

Annual and public holiday payment including loadings, housing loans, fringe benefits, board and lodging, bonuses paid under award or agreement, car parking Company car (private use), construction allowance, dirt money, shift allowance, site allowance, height money, meal allowance, over award payments, company house, commission, profit sharing schemes, living away from home allowance, lump sum payment in lieu of holidays/sick leave, industry allowances (ie taxable allowance) Directors - payment to working directors and fees, over award payment, sick leave, overtime payments, penalty rates, salary, salary packaging, superannuation payments (if salary sacrifice) and third party remuneration (if salary sacrifice eg, school fees), travel expenses (free or discount or as bonus).

but excludes:

Car allowances, clothing allowance, accommodation allowance, honorariums, travel allowance, dividends, early retirement benefits, tool allowance, staff discounts, superannuation benefits, entertainment allowance, ex gratia payments, long service leave, royalties, payments in lieu of notice, redundancy payments, early retirement benefits, retrenchment payments, severance payments, staff discounts, travel expenses (work related costs), termination payments and workers compensation payments and reimbursements.

Privacy and your information

Collection use and disclosure of personal information

We need to collect, use and disclose personal information about you and anyone else to be insured under this policy. The Workers Rehabilitation and Compensation Act 1988 authorises us to collect this information. You can choose not to provide us with some of the information requested but this may affect our ability to assess your application and determine the premium.

1. By providing your personal information to us, you consent to us:
 - (a) collecting and using that personal information for the purposes of:
 - (i) assessing, underwriting and issuing this or any subsequent policy;
 - (ii) providing the cover and administering this or any subsequent policy;
 - (iii) assessing, investigating and otherwise dealing with any claim under this or any subsequent policy; and
 - (iv) offering any discount or benefit.
 - (b) for the purposes in (a), disclosing personal information (on a confidential basis) to and collecting personal information from:
 - (i) related entities, investigators, mercantile agents, wage auditors, medical providers or any other party providing services to us;
 - (ii) other insurers, insurance intermediaries, government regulators or insurance reference bureau; or
 - (iii) lawyers and law enforcement agencies.
2. By providing personal information about anyone else, you acknowledge that you are authorised to provide that personal information and that you will inform the other person(s):
 - (a) who we are;
 - (b) that we will use and disclose that personal information in the same manner as detailed in 1 above; and
 - (c) that they can gain access to that personal information (from 21 December 2001).

Marketing purposes

We may also use your personal information to make you aware of other products and services which may be of benefit to you.

1. Unless we are informed otherwise, you consent to us:
 - (a) using your personal information for the purposes of us:
 - (i) contacting you by mail, phone or e-mail to provide to you any offer, product or service available from us or any other organisation; or
 - (ii) undertaking planning, market research or product development; ('marketing purposes') and
 - (b) disclosing your personal information for marketing purposes to our related entities or any party providing services to us.
2. If you do not want your personal information used or disclosed for marketing purposes you must inform us as explained in our Privacy Charter. If you have already informed us you will not need to do so again.

Please note: If you have taken this policy out through an insurance broker or agent, we will not use your personal information for marketing purposes.

Our Privacy Charter

Further information on how we handle your personal information is explained in our Privacy Charter including:

- how to contact us regarding Privacy
- how to inform us to change, cancel or reactivate your marketing consent
- how to access your personal information.

A copy of our Privacy Charter is available by phoning **1300 666 506**.

Insurance Australia Limited ABN 11 000 016 722

trading as CGU Workers Compensation **An IAG Company**

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