

GIO WORKERS COMPENSATION ACT

DECLARATION OF ESTIMATED WAGES

The **Workers Compensation Act 1951** requires you to declare estimated 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.

1. Policy details

Policy number:

Period of insurance: / / / /

2. Employer details

Insured:

ABN:

ACN:

Trust name (if applicable):

Trust ABN (if applicable):

Trading name:

Postal address:

<input type="text"/>		
Suburb	State	Postcode

Business situation address:

<input type="text"/>		
Suburb	State	Postcode

Business description:

<input type="text"/>
<input type="text"/>

ITC Status:

3. 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:

4. 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
 - Other (provide details)

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 8) and return this form with the Declaration of Actual Wages Form. You do not need to provide estimated wages.

5. Estimated wage

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

5.1 General employees

Include all workers **except** working directors, family members 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 mining, offshore, overseas, crystalline silica handling, respirable crystalline silica generation or asbestos-handling activities?

Yes No

If yes, please provide the following breakdown

Activity	Yes	If yes, how many workers at one time?
Labour hire	<input type="checkbox"/>	
Aerial	<input type="checkbox"/>	
Underground Mining	<input type="checkbox"/>	
Offshore	<input type="checkbox"/>	
Overseas	<input type="checkbox"/>	
Crystalline silica handling/generation of respirable crystalline silica	<input type="checkbox"/>	
Asbestos Handling	<input type="checkbox"/>	

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 estimated 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
	<input type="checkbox"/> Wages only <input type="checkbox"/> Labour only <input type="checkbox"/> Labour & Tools <input type="checkbox"/> Labour & Plant <input type="checkbox"/> Labour & Materials <input type="checkbox"/> Labour, Plant and Materials			\$	\$
	<input type="checkbox"/> Wages only <input type="checkbox"/> Labour only <input type="checkbox"/> Labour & Tools <input type="checkbox"/> Labour & Plant <input type="checkbox"/> Labour & Materials <input type="checkbox"/> Labour, Plant & Materials			\$	\$
	<input type="checkbox"/> Wages only <input type="checkbox"/> Labour only <input type="checkbox"/> Labour & Tools <input type="checkbox"/> Labour & Plant <input type="checkbox"/> Labour & Materials <input type="checkbox"/> 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.

(print your name, position)

 (business/entity)

I confirm that the information provided in this declaration and any attachments are true, correct and complete and that no information has been suppressed or omitted

I am authorised as the employer/by the employer to complete and sign this statement

Penalties may apply for providing false, misleading or incomplete information.

Signature

Date

KNOW NOW



How to return this form

- Email: giopolicy@gio.com.au
- Post: PO Box 52, Woden ACT 2606

How to contact us

- Phone: **13 10 10**
- Web: **gio.com.au**

Who we are

Insurance issued by AAI Limited ABN 48 005 297 807 trading as GIO.