GIO WORKERS COMPENSATION NORTHERN TERRITORY

DECLARATION OF ESTIMATED WAGES

The Return to Work Act 1986 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 \$500. **Policy details** From to Policy number: Period of insurance: **Employer details** Insured: ACN: ABN: Trust name (if applicable): Trust ABN (if applicable): Trading name: Postal address: Suburb State Postcode Business situation address: Suburb State Postcode Business description:

ITC Status:

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: 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

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.

Ceased trading

Other (provide details)

Policy replaced by another GIO policy

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?

∕es ∐ No L	/es
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If yes, please provide the following breakdown

Activity	Yes	If yes, how many workers at one time?		
Labour hire				
Aerial				
Underground Mining				
Offshore				
Overseas				
Crystalline silica handling/generation of respirable crystalline silica				
Asbestos Handling				
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
	☐ Wages only			\$	\$
	☐ Labour only			\$	\$
	☐ Labour & Tools			\$	\$
	☐ Labour & Plant			\$	\$
	☐ Labour & Materials			\$	\$
	Labour, Plant and Materials			\$	\$
	☐ Wages only			\$	\$
	☐ Labour only			\$	\$
	☐ Labour & Tools			\$	\$
	☐ Labour & Plant			\$	\$
	☐ Labour & Materials			\$	\$
	Labour, Plant & Materials			\$	\$
	☐ Wages only			\$	\$
	☐ Labour only			\$	\$
	☐ Labour & Tools			\$	\$
	☐ Labour & Plant			\$	\$
	☐ Labour & Materials			\$	\$
	☐ 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)	
Name	Position

(of)		(business/entity)
Phone	Email	

I confirm that the information provided in this statement 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: GPO Box B50 Perth WA 6838

How to contact us

• Phone: 13 10 10

• Web: gio.com.au