

GIO WORKERS COMPENSATION NORTHERN TERRITORY

PROPOSAL FORM

Quote Number

Policy Number

To complete your Workers Compensation cover with GIO, please provide and return the following Employer information and declaration for the issue of your policy to giopolicy@gio.com.au or by post to GPO Box B50, Perth WA 6838.

By signing the declaration you are confirming that the information provided to us is true and correct for your policy.

Please note: Workers Compensation Insurance cannot be backdated. If your GST/ITC status is not indicated on this request, the default amounts (registered & 100 % ITC) will be applied.

Insured:

ABN:

Trading name:

Trust (if applicable):

Trust ABN (if applicable):

Situation address: Details of full address where the majority of employees are working

		State
		Postcode

Postal Address

		State
		Postcode

Business description

GST Registered

Yes No

ITC entitlement

Estimated wages

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

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	Number of workers	Total Estimated Wages
List each separate and distinct work activity your general employees are engaged in		\$
		\$
		\$
		\$
		\$
		\$



Working directors

See the **Important Notices** included with this form for information.

Name	Occupation	Total Estimated Wages
		\$
		\$
		\$

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
			\$
			\$
			\$
			\$

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, 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, 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, Plant & Materials			\$	\$

Special Acceptance Questions

Does your business engage in any labour hire, aerial, underground mining, overseas, offshore, 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 any one time?
Mining	<input type="checkbox"/>	
Labour hire	<input type="checkbox"/>	
Aerial	<input type="checkbox"/>	
Underground Mining	<input type="checkbox"/>	
Offshore	<input type="checkbox"/>	
Asbestos Handling	<input type="checkbox"/>	
Overseas	<input type="checkbox"/>	
Crystalline silica handling/ generation of respirable crystalline silica	<input type="checkbox"/>	

Based on the information you provide, we may send you a Special Acceptance Questionnaire to better understand your business.

Duty of Disclosure

Have you ever been charged or convicted of any criminal offence?

Yes No

Has an insurer ever declined to offer you an insurance policy, or cancelled, refused renewal or restricted cover under your previous insurance policies?

Yes No

In the last 5 years have you been or are you currently bankrupt, insolvent, under administration, in liquidation or in receivership?

Yes No

If you answered yes to any of the above, please provide further information below:

Claims & Wages History

If you have held a Workers Compensation policy in the last 4 years, please provide the following information :

Claims history	dd/mm/yyyy to dd/mm/yyyy	dd/mm/yyyy to dd/mm/yyyy	dd/mm/yyyy to dd/mm/yyyy	dd/mm/yyyy to dd/mm/yyyy
Number of Claims	Claim No's	Claim No's	Claim No's	Claim No's
Total Cost of Claims	Claim cost	Claim cost	Claim cost	Claim cost
Total wages	Wage figure	Wage figure	Wage figure	Wage figure
Insurer				

Along with this request form, please submit documentation from your previous Insurer/s to support the above.

Declaration and signature of applicant or authorised representative

I (print your name, position)

of (enter legal entity name)

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

I confirm that the information provided in this application and any attachments are true, correct and complete and that no information has been suppressed or omitted and wish to place cover from:

Signature

Position

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

Who we are

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

IMPORTANT NOTICES

GIO WORKERS COMPENSATION NORTHERN TERRITORY

The information provided in this guide should not be regarded as a substitute for obtaining professional advice on your workers compensation or other insurance requirements. It is important to note that workers compensation legislation is frequently amended.

1. General information

Workers compensation insurance is compulsory throughout Australia where you have Workers. GIO offers business and domestic workers compensation cover in Western Australia, Australian Capital Territory, Tasmania and Northern Territory.

2. Business numbers

Australian Company Number (ACN)

An ACN is issued to any company registered with the Australian Securities and Investments Commission.

Australian Registered Business Number (ARBN)

An ARBN is issued to any business other than companies registered with the Australian Securities and Investment Commission.

Australian Business Number (ABN)

An ABN is issued by the Australian Taxation Office. You must have an ABN to register for GST purposes; however, the issue of an ABN does not automatically mean you are registered to claim GST Input Tax Credits.

GST

If you are a registered business or non-profit organisation you must inform GIO of the extent to which you are entitled to Input Tax Credits on your insurance premium. This advice is required prior to the commencement of each period of insurance or when you have a claim. However, if you do not provide this information it will be assumed that you are registered and that you are entitled to claim 100% of the GST paid on your premium as an Input Tax Credit.

3. Wages, salaries and remuneration

Wages, salaries and remuneration includes:

Wages, salary, overtime, shift and other allowances, over-award payments, bonuses, commissions, payments for public holidays and annual holidays (including loadings), payments for sick leave, payments for long service leave (including a lump sum payment instead of long service leave), including but not limited to:

- the market value of board and lodging and electricity provided by the employer for the worker;
- the total value of any salary sacrificed amounts, for example motor vehicles, (including fringe benefits applicable to these salary sacrifices);
- superannuation contributions that would be payable to a worker as wages or salary if the worker so elected (e.g. salary sacrificed superannuation).

The following are NOT usually included:

- workers compensation payments made under the Act;
- maternity or paternity leave payments, including payments under the Australian Government's Paid Parental Leave scheme;
- superannuation that is paid by employers under the Compulsory Superannuation Guarantee Levy, including contributions made by the employer over and above the compulsory levy;
- any and all payments for retirement, redundancy or termination
- the value of staff discounts;
- the value of costs reimbursed to workers that were incurred in earning their income.

These are not prescribed by the legislation, but are simply guides for insurers and employers.



4. Who needs to be covered

A natural person who:

- performs, under a contract or agreement of any kind (whether expressed or implied, oral or in writing or under a law of the Territory or not), work or a service of any kind for another person; and
- is an employee for the purpose of assessment for PAYG withholding under the Tax Administration Act 1953 (Cth), Schedule 1, Parts 2-5.

The legislation also considers the following to be workers:

- a person or class of persons included by Regulation (e.g. St John Ambulance Volunteers);
- Fire Brigade, Bushfires and Emergency Services Volunteers.

You **do not need to cover** a person who meets the following:

- An individual who is an immediate family member of the employer is not considered a worker for that employer.¹
- An individual who is a director (or similar position) of a company is not considered a worker of that business.²
- An individual employed in voluntary work who receives nothing more than reasonable travelling, accommodation or other out of pocket expenses.
- An individual employed by a household.³

¹ A family member can be covered for workers' compensation by declaring to the insurer the individual's name, nature of employment and remuneration.

² Directors can be covered for workers' compensation provided the individual's name, nature of employment and remuneration is declared to the insurer. A director will also be required to have PAYG deductions made from their remuneration.

³ An individual who is employed by a householder as a chauffeur, or to cook, clean, iron or to do gardening and earns more than 20% of the NT average weekly earnings is considered a worker.

5. Signature of person making declaration

As per section 130(4)(b) of the Return to Work Act 1986, signing a statutory declaration is confirmation that the wages declared and other prescribed information is true and correct.

Regulation 16 of the Return to Work Regulations 1986 also provides that the declaration must be signed by certain persons depending upon the organisational status of the employer:

- a. where the employer is an individual natural person – the form must be signed by the natural person; or
- b. where the organisation is a partnership – the form must be signed by one of the partners;
- c. where the organisation is a company or body corporate – the form must be signed by a director or secretary of the body corporate or its principal officer in the Territory; or
- d. where the organisation is an incorporated association, within the meaning of the Associations Act 2003 – the form must be signed by the public officer.

6. Claims excess

No excess.

7. Terms and conditions

Any cover under the policy is subject to the terms, conditions and exclusions of the policy and the provisions of applicable State, Territory and Commonwealth laws.

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