

# GIO WORKERS COMPENSATION WESTERN AUSTRALIA

## DECLARATION OF ACTUAL REMUNERATION

The **Workers Compensation and Injury Management Act 1981** requires you to declare the total actual remuneration you have paid during the previous policy period.

To help you complete this form we have enclosed two supporting documents for your reference:  
**Important Notices** and a **Definition of Wages Summary**.

Please complete and return this form within 30 days after your policy expires.

### 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:


### 4. Actual remuneration for the period

From    /    /    to    /    /

Please enter the total actual remuneration in the sections below for each type of worker that you employed during the period of insurance. If no remuneration has been paid for the period please write 'nil remuneration'.

#### 4.1 General employees

Include all workers **except** working directors or contractors/subcontractors as you will declare these types of workers separately on this form

Description of work type performed List each separate and distinct work activity that your general employees are engaged in.	Number of workers	Total actual remuneration
		\$
		\$
		\$
		\$
		\$
		\$

#### 4.2 Working directors

Please provide actual remuneration paid for the working directors listed.

Name	Occupation	Total actual remuneration
		\$
		\$
		\$

## 5. Contractors/subcontractors

Please provide the total actual remuneration and/or total contract value for contractors/subcontractors that are deemed to be your employees. See **Important Notices** for more information on contractors.

Name of contractor/ subcontractor	Type of contract (select one only)	Description of work performed by contractor/ subcontractor	Number of workers	Total actual remuneration (if known)	Total contract value
	<input type="checkbox"/> Remuneration 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"/> Remuneration 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"/> Remuneration 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			\$	\$

## 6. Statement by or on behalf of employer

You must 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
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(of)	(business/entity)
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Phone	Email
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- 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
<input type="text"/>	<input type="text" value="/ /"/>

### KNOW NOW



#### How to return this form

- Email: [giopolicy@gio.com.au](mailto:giopolicy@gio.com.au)
- Post: GPO Box B50 Perth WA 6838

#### How to contact us

- Phone: **13 10 10**
- Web: **[gio.com.au](http://gio.com.au)**

### Who we are

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