

GIO WORKERS COMPENSATION NORTHERN TERRITORY

DECLARATION OF ACTUAL WAGES

The **Return to Work Act 1986** requires you to declare the total actual wages 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 28 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 wages for the period

From / / to / /

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

4.1 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 type performed List each separate and distinct work activity your general employees are engaged in	Number of workers	Total actual wages
		\$
		\$
		\$
		\$
		\$
		\$

4.2 Working directors

Please provide actual wages paid for the working directors listed.

Name	Occupation	Total actual wages
		\$
		\$
		\$

4.3 Family members

Please provide actual wages paid for the family members listed.

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

Name	Relationship to employer	Occupation	Total actual wages
			\$
			\$
			\$

5. Contractors/subcontractors

Please provide the total actual wages 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 wages (if known)	Total 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 & 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			\$	\$

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

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.