GIO Workers Compensation – Tasmania

Declaration of Estimated Wages

The **Workers Rehabilitation and Compensation Act 1988** 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: From / / to / /

2. Employer details

Insured:

ABN: ACN:

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:

AAI Limited ABN 48 005 297 807 trading as GIO.
28642a 15/07/26 B

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 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**
		$
		$
		$

6. Trade specific questions

Does your business currently undertake, or is it involved in, any of the following activities as part of its operations?

Activity	Yes
Labour hire	☐
Quad/motorised bike	☐
Deliveries	☐
Offshore	☐
Working from heights (above 2 metres)	☐
Diving/underwater activities	☐
Asbestos Handling	☐
Crystalline silica handling	☐
Working below the surface*	☐
Aerial / Aviation Exposure (excluding Commercial Aircraft)	☐
Security Services	☐
Overseas	☐

* Refers to physically being underground or working in an environment that requires managing risks associated with working below ground level. This can include tasks in mines, tunnels, or construction sites where excavation is taking place.

Based on the information you provide, we may send you a 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
	☐ 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 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
	/ /

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**