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National Accounts Branch
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Hereinafter called the Company



TASMANIA

INVITATION TO RENEW AND WAGE DECLARATION

Insured:

Date of Issue:

Addressee:

Policy Number:

Nature of Business/Industry:

Policy Type: Employers' Indemnity Policy

Period of Insurance:

Please complete this Wage Declaration as required under Section 97 of the Tasmanian Workers Rehabilitation and Compensation Act 1988 and return within 30 days of your Policy's expiry date being:

Should the declaration of wages not be lodged within the prescribed time, this policy will be lapsed with effect from the due date.

ABN:

Registered for GST?

ITC entitlement:

Have you changed your nature of Occupation of Business?

Yes ☐

No ☐

If Yes, Please indicate:

Schedule 1 - Wages

'Wages' in relation to a worker means all gross wages, salaries, remunerations, bonuses, overtime, allowances and the like, directors fees or other benefits paid (whether at piece work rates or otherwise and whether paid in cash or kind) to or in relation to a worker before deduction of income tax, but excluding 'Termination payments, retrenchment, pay in lieu of notice, pension, "golden handshakes" and weekly payments of compensation under the Act'.

Actual Amounts Paid In Previous Period			Estimate Of Payments For Ensuing Period		
Class Of Occupation	Number of Employees	Gross Amount Paid	Class Of Occupation	Number of Employees	Gross Amount Estimated
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total		\$	Total		\$

Schedule 2 - Working Contractors and Sub-Contractors

Section 29 of the Act, details of Contractors, Sub-Contractors are required.

Type of Contract Work Being Performed	Code* (see below)	Total Value of Contracor for past period	Estimate of the Total Value of Contracts for Ensuring Period
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

*Please indicate in this column the appropriate code as described below:

Labour Only	LO	Labour, Plant and Material	LPM
Labour and Material	LM	Labour and Plant	LP

Warning

Section 97 of the Tasmanian Workers Rehabilitation and Compensation Act, 1988 provides for a penalty of up to \$10,000 for employers who fail to provide their insurer with a full and correct statement of all wages paid to workers in their employment during the period of indemnity, together with a statement showing the trade, occupation or calling of such workers and any other information as may be prescribed in the Regulations.

Please Note

If any of your employees are temporarily absent in any other State or Territory on your business, include in the actuals or estimates any earnings paid to these employees. If you employ any person in any State or Territory of Australia then you should for your own protection take out a separate Insurance Policy for each respective State or Territory. Each State or Territory of Australia has its own Workers' Compensation Act with features peculiar to each.

Please telephone our company for further information.

Declaration by or on Behalf of the Employer

(To be signed by the employer personally, or where the employer is an Incorporated Body, by the Company Secretary.)

I,	of
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I/We hereby declare that I/We desire a renewal of this Policy for a further period of twelve months, and that the sums shown in Schedule 1 and 2 above, are the total amounts of wages of every kind paid to all persons in my/our employment and contracts let during the period stated.

Declared at:	this	day of	20
Signed:			