

Allianz Australia Insurance Limited ABN 15 000 122 850
Canberra Branch
PO BOX 262, CANBERRA CITY, ACT 2601, AUSTRALIA
SUITE 2, LEVEL 1, 91 NORTHBOURNE AVENUE, TURNER, ACT 2612, AUSTRALIA
Phone 132 664 Fax +0061 (02) 6246 1400
Hereinafter called the Company



AUSTRALIAN CAPITAL TERRITORY

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: From . to . at 4:00pm (unless otherwise indicated)

Please complete this form as required under the ACT Workers' Compensation Act 1951 and return it to Allianz prior to 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 expiry date.

ABN: Registered for GST? Yes

ITC entitlement:

Have you changed your nature of Occupation of Business?

Yes

☐

No

☐

If Yes, Please indicate:

DEFINITIONS

WAGES

"Wages" include, but is not limited to, all benefits (before tax) received by your employees whether in money or money's worth and includes wages, salary, overtime, shift and other allowances (if FBT applicable), over-award payments, bonuses, commissions, directors payments, sick leave and holiday leave payments, superannuation in excess of Superannuation Guarantee Levy payments, trust disbursements in lieu of wages and grossed up fringe benefit payments. Wages includes payments to most contractors as outlined below. Please refer to the ACT Wages & Earnings Guide to identify all categories of benefits applicable to your employees which must be declared.

EMPLOYEES

"Employees" also include contractors engaged on a regular or systematic basis or under circumstances in which the contractor had a reasonable expectation of the engagement continuing on a regular or systematic basis, and contractors who provide labour only or substantially labour only. Such contractors must be included in the numbers of employees and payments to them must be included in the wages declared in this form.

"Employees" also include most unpaid or voluntary employees. They too must be declared in this form.

Schedule 1: Estimate of Payments for Future Periods

A. Ordinary Employees

Class Of Occupation	Number of Employees	Gross Amount Estimated	Number of Hours Estimated
		\$	
		\$	
		\$	
		\$	
Family Members		\$	
Unpaid Workers		Not Applicable	
Total		\$	

B. Family Members

Members of Employer's family or household or Relatives to be included in this insurance and whose wages have been included above.

Full Name	Relationship To Employer

C. Working Contractors and Sub-Contractors

Type of Contract Work Being Performed	Code* (see below)	Estimated Contract Values
		\$
		\$
		\$
		\$
		\$

*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

Employer's Statement

I, _____ of
(insert name of Employer/or Representative)

(insert address of Employer/or Representative)

(insert relationship to Employer, eg, director, general manager, sole employer)

Understand and agree to the following by signing this Wage Declaration:

1. I have read and checked the information contained in the attached Proposal. I acknowledge Allianz Australia Insurance Limited is relying on the information.
2. All the information contained in the Proposal is true, accurate and not misleading and the information does not misrepresent or misstate any material fact.
3. I have fairly estimated the total expenditure for wages, salaries and all other forms of remuneration, number of employees, and the appropriate time worked during the period of indemnity proposed.
4. I agree that the Proposal and this Declaration form part of the Policy to be issued on the terms and conditions contained in it.

I understand that providing false wage information to an insurer is a criminal offence which may result in a financial penalty for an individual and/or corporation.

Signature

Date