



Employers Mutual

Policy Cancellation Request Form

In order for us to cancel your workers' compensation policy as quickly as possible it is important that you:

1. Complete and sign this Policy Cancellation Request Form, and
 2. Complete and sign any Declarations of Actual Wages sent to you upon receipt of your cancellation request.
 3. Return completed forms to Employers Mutual by fax on 02 8251 9496, or post to GPO Box 4143 Sydney NSW 2001.
- Please note it is only possible to change insurers upon expiry of your existing policy period if you provide notification in writing before 4pm on the day of policy expiry, and there are no overdue premiums.
 - If you no longer have any employees, but your business is still operating, it is not possible to cancel your policy until the end of the policy period.
 - If cancelling for grouping with a common Agent, your policy must be cancelled with your existing Agent and inception with the new Agent on the same day.

If you have any questions about your policy, please contact the Underwriting Department on 02 8251 9000, or toll free on 1800 469 931.

Policy number to be cancelled	
Legal entity name	

Please indicate the reason for policy cancellation by marking the appropriate box and providing a cancellation date below.

<input type="checkbox"/>	Ceased employing.....	/ /
<input type="checkbox"/>	Business sold.....	/ /
<input type="checkbox"/>	Business ceased trading.....	/ /
<input type="checkbox"/>	Wages paid annually are \$7,500 or less.....	/ /
<input type="checkbox"/>	An administrator/liquidator has been appointed. Policy must be maintained by the administrator/liquidator if still trading.....	/ /
<input type="checkbox"/>	The legal entity of the business is changing.....	/ /
	New legal entity.....	
<input type="checkbox"/>	Insuring elsewhere.....	/ /
	New scheme Agent.....	

Name..... Title.....

Signature..... Date.....

Postal Address.....

Suburb..... P/code..... Phone Number.....