

# WorkCover Cancellation Request Form

Employer Number

Legal name

Please cancel my WorkCover Policy as we:

Date from which cancellation is to be effective:

How long have you partnered with CGU for Workers Compensation?

How would rate your experience with CGU?

### Declaration of Rateable Remuneration

I declare the total Rateable remuneration paid from:

to cease date:

Note: This period should represent the final period (financial year) of trading

Salaries & Wages	\$	_____
Contractors	\$	_____
Taxable value of fringe benefits*	\$	_____
Other	\$	_____
Superannuation	\$	_____
<hr style="border-top: 1px dashed black;"/>		
<b>Total Rateable Remuneration</b>	<b>\$</b>	_____

\*This is not the grossed up amount that is used for payroll tax.

Note: remuneration and superannuation for exempt apprentices and/or exempt trainees should not be included.

### Declaration

By submitting this Request, I

- declare that the information provided in this request is true, correct, and complete
- declare that no information has been suppressed or omitted from this request

I have read and agreed to the terms outlined in the above statement.

By completing the online signature below and ticking the checkbox above is confirmation that you comply with the declaration above.

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

\*If you are cancelling more than one workplace please complete the Multiple Workplace Sheet and attach to this declaration.

**SUBMIT FORM**

