QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

National Workers' Compensation
Declaration of Actual Wages

Insured

Expiry Date

ABN:

ITC Entitlement:

Policy No.:

WA	Tas	ACT	NT

Period of Insurance: From: To:

As your policy will expire in the near future, it will be necessary to complete an adjustment of the premium for the period expiring. Accordingly, we request that you supply, **within 4 weeks** of the expiry date of your policy, a declaration of actual wages paid for the expired period. Please complete all applicable schedules. Renewal of your policy is invited subject to completion of this form.

Schedule 1: Details of Wages

	ACT	NT	Tas	WA
Employee Wages Total				
Managerial/Clerical				
Traveller				
Other (specify)				
Other (specify)				
Contractors/Sub-Contractors (Schedule 2)				
Directors & Relatives (Schedule 3)				
Employee Numbers				

If there is insufficient space in any of the above schedules, please use a separate sheet of paper.

Do you currently employ or expect to employ during the period of insurance 457 visa labour? Yes ☐ No ☐

Schedule 2: Contractors / Subcontractors

(a) Did you contract out any of the work in connection with the business? Yes ☐ No ☐

(b) If the answer to (a) is "Yes", were you satisfied that the contractors/subcontractors were insured for workers' compensation by obtaining letters of indemnity from them? Yes ☐ No ☐

If the answer to (a) is "No", please complete (c) below.

(c) Name of contractor/subcontractor & nature of the work	State	Estimated amount for the proposed period of insurance			
		Labour Only $	Labour & Plant $	Labour & Materials $	Labour, Plant & Materials $
	TOTAL				

Schedule 3: Directors & Relatives

Please give details of directors and relatives engaged in the business or trade, and include their wages in Schedule 1.
NOTE: Any directors or relatives not included are NOT insured.

Name in Full	State	Age	Relationship	Occupation	Wage Rate $	Value of keep & other allowances $

Signature

The above information is correct and may be verified by inspection of the wage books and other relevant records held by the company.

Signed _____ Date / /

Name (please print) _____

Position _____

Please return this form within 1 month from the expiry date to:

QBE Workers' Compensation
Key Accounts Unit
Level 1, 85 Harrington Street, Sydney NSW 2000
GPO Box 4229, Sydney NSW 2001
DX 10333, Sydney Stock Exchange
Tel: (02) 9375 4444

The Privacy legislation protects personal and sensitive information on this form that could reasonably identify you to another person. QBE will only use or disclose your personal information for purposes that would reasonably be expected during the claim process. We may need to share your information with our agents or service providers who may also be involved with your claim. This could include rehabilitation providers, medical practitioners, investigators, solicitors, other insurers, and national and overseas reinsurers. If we need to use the information for another purpose, we will ask you for your permission first. If you would like any further information or if you have any concerns about how QBE is managing your personal information, please contact the Compliance Manager by email: compliance.manager@qbe.com or by telephone: (02) 9375 4656.