



## Schedule B

Schedule of:

- A. (in the case of employers other than proprietary limited (Pty Ltd) companies) members of individual employer's family dwelling in the employer's house; and
- B. (in the case of employers that are non-public companies (other than sole traders and partnerships)) company directors.

### A. Family members

Members of the employer's family dwelling in the employer's house and who are direct employees must be named separately and the type of work performed declared below. Individual figures must be shown for each person and they are not to be included in Schedule A.

**Note: Any member of the employer's family dwelling in the employer's house who is not mentioned immediately below, will not be covered by this insurance.**

Name	Age	Occupation	Relationship to applicant	Actual wages	Estimated wages
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

### B. Working directors of non-public companies (other than sole traders and partnerships)

1. A director will not be covered by this insurance unless he / she is a 'working director' (see below) of a non-public company and his / her earnings are accurately disclosed below.
2. A 'working director' is a director who:
  - (a) executes work for his / her company; and
  - (b) whose earnings (whether by cash, fringe benefits or other non-cash benefits) are for the director's personal manual labour or services.
3. Zurich will try to ascertain whether a director satisfies the above definition, but in issuing a policy does not confirm that the director does satisfy the definition.

**Note: Usually, the amount of the weekly payments which an injured director will receive is the amount declared by the director las his / her earnings below. It is therefore in the director's interests to make a full disclosure of the earnings.**

To assist Zurich to form an opinion as to whether the director is eligible to be covered, and for how much, please advise:

(a) Does the director execute work on behalf of the company? Yes  No

(b) If 'Yes', what is the nature of it?

.....  
(c) Is the director paid by reference to that work? (Disregard profit distribution such as dividends and trust distributions). Yes  No

(d) In what forms does the director receive financial benefits from the company? (eg. cash, payment of children's school fees, vehicles, meals, electrical equipment, accommodation).  
.....

(e) How much does the director receive in cash from the company per month? (Disregard profit distributions such as dividends and trust distributions and contributions under the Superannuation Guarantee (Administration) Act 1992).  
.....

(f) What is the value of the non-cash benefits received by the director from the company per annum?  
.....

### Schedule of working directors to be noted on the policy.

Name	Occupation	Actual wages	Estimated wages
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Note: Any working director, who is not declared above, will not be covered by this insurance.**

## Schedule C

### Contractors and sub-contractors

1. In some circumstances you can be liable to the employees of your contractors and sub-contractors. Contractors and sub-contractors are individuals and partnerships (but not Pty Ltd or Ltd companies) whom you engage to perform work for the purposes of your trade or business, but who are not employees of yours.

(a) Do you expect to let contracts or sub-contracts for any part of the work of your trade or business during the period of insurance? Yes  No

(b) If 'Yes':

(i) Do you undertake to satisfy yourself on every occasion that the contractor or sub-contractor is insured against his full liability under the Act? If you do, you must produce a Certificate of Currency from the contractor's or sub-contractor's insurer. Yes  No

(ii) In any case, you are required to complete Schedule C.

Type of work performed	Actual remuneration from _____ to _____			
	(a) Labour only supplied	(b) Labour & plant supplied	(c) Labour & materials supplied	(d) Labour, plant & materials supplied
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Estimated remuneration from _____ to _____				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

### Avoidance arrangements

Section 175AA of the Act prohibits an employer from avoiding compensation obligations by contriving to have his / her workers form their own companies, and engaging the companies instead of the workers (penalty: \$2,000).

This will occur if the employer 'intimated' (ie. implied) that the employer was unwilling to have the same work done by the worker.

Alternatively, this will occur if, before the 'avoidance arrangement', the worker was a worker of the employer direct.

In an avoidance arrangement, the Act makes the employer continue to be liable for the worker's compensation claim, and also:

- relieves the worker's company of liability both to the worker and the employer, and
- allows the employer's insurer to recover the cost of the claim from the employer.

Avoidance arrangements may also have the effect that both the employer and the worker's company have no insurance for a common law negligence claim by the worker.

### Injury management

With effect from 14 November 2005, all employers are required to have an Injury Management System (IMS) in place in accordance with the Injury Management Code of Practice. Additionally, all employers are required to have a Return to Work Program (RTWP) established in accordance with this code as soon as practicable following an injury to a worker.

1. Do you have an established IMS in accordance with the Injury Management Code of practice and section 155B of the Act? Yes  No

2. If 'No', state why?  
.....

3. Are you able to implement a RTWP in accordance with the Injury Management Code of Practice and section 155C (1) (3) of the Act? Yes  No

4. If 'No', state why?  
.....

5. Do you require further information to assist in establishing an IMS or RTWP? Yes  No

6. Contact details of the person responsible for day to day management of IMS – name / position / phone / fax / email / address  
.....

Should you require assistance in implementing an IMS, establishing and monitoring a RTWP or would like a copy of the Injury Management Code of Practice Guidance Notes, please contact Zurich's Injury Management Adviser on 08 9261 1342.

Information and templates on IMS/RTWP and the Code of Practice Guidance Notes can also be obtained by contacting WorkCover on 1300 794 744 or by accessing their website at <http://www.workcover.wa.gov.au>

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## Declaration by or on behalf of employer\*

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

I ..... of .....

In the State of Western Australia, do solemnly and sincerely declare that the total sum of wages paid to my / our employees and contractors during the period now expired was as set out above and I make this solemn declaration conscientiously believing the same to be true and by virtue of an Act of the Parliament of Western Australia rendering persons making a false declaration punishable for wilful and corrupt perjury.

Dated at ..... this ..... day of .....

Signed .....

Before me ..... Witness .....

## Certified by registered company auditor, accountant or tax agent\*

I ..... of .....

Being the duly appointed ..... for the employer hereby declare that .....

my examination of, for the employer hereby declare that from my examination of the said employers wage records and cash drawn, I am satisfied the total sum of wages are the actual amounts paid by the employer to the employees and contractors for the period .....

From ..... / ..... / ..... To ..... / ..... / .....

Signed ..... Date ..... / ..... / .....

**\*One of the above declarations must be completed**

## I confirm that renewal of the policy is required.

Signed ..... Date ..... / ..... / .....

**or**

I confirm that renewal of this Policy is **not** required because .....

Signed ..... Date ..... / ..... / .....

**or**

I confirm that **cancellation** of this policy is required because .....

Signed ..... Date ..... / ..... / .....