

Policy Cancellation Request Form

In order for us to process your Workers' Compensation Cancellation Request as quickly as possible it is important that you:

1. Complete and sign this Policy Cancellation Request form.
2. Complete and sign the attached Declaration of Actual Wages form for your relevant policy size (If your premium is equal to or less than \$30,000 you are a small employer, if greater than \$30,000 you are a medium/large employer).
3. Return forms to Allianz by fax on 1300 662 954 or email wc_policy@allianz.com.au, or post to PO Box 5429 Sydney NSW 2000.

If you have any questions about completing the form you can visit our website at www.allianz.com.au or call one of our advisors on 1300 130 664.

Please complete the questions listed to cancel your policy

Policy number to be cancelled	
Legal entity name of business/company/organisation	
Business/trading name of policy	
ABN nominated on the policy	

Please indicate the reason for no longer requiring Allianz to provide you with a Workers' Compensation insurance policy by ticking the appropriate box and providing the cancellation date.

- Business was sold on** _____ / _____ / _____
- Business ceased trading/operating on** _____ / _____ / _____
- The legal entity/ABN/ACN of the business is changing on** _____ / _____ / _____

- Ceased to employ (Sole Trader/Partnership only)**
- If you no longer have any employees, your policy can only be cancelled at the end of the policy period.
 - If you resume employing staff please contact Allianz before the end of policy period to continue cover.

- Wages are \$7,500 or less annually**
- If your business is still operating it is not possible to cancel your policy until the end of the policy period.
 - If you begin to pay above \$7,500 in wages please contact Allianz before the end of the policy period.
 - If you employ apprentices, you are unable to cancel the policy if your wages are under \$7,500.

- Insured elsewhere**
- Name of other insurer _____ Other insurer policy no. _____ Date insured other insurer _____ / _____ / _____

Unless a business has been sold or ceases to trade it is only possible to cancel a policy at the end of the policy period by informing us in writing before 4pm on the day the policy expires.

- Grouping purposes**
- Name of other insurer _____ Other insurer policy no. _____ Date insured other insurer _____ / _____ / _____
- If you are a member of a group and changing insurers, your policy must be cancelled from the same dates as the start date of the new policy.

Please advise if your mailing address or contact details have changed.

Name _____ Title _____

Signature _____

Date _____ / _____ / _____

* The signature provided must be of the policy holder, please note that representative signatures will not be accepted.

** Please note premium may still be payable in relation to the current or past policy periods.
Please contact Allianz if you require further details.




Agent for the NSW WorkCover Scheme

ABN: 83 564 379 108/002
 GPO Box 5429 Sydney NSW 2001
 wc_policy@allianz.com.au
 Ph: 1300 130 664
 Fx: 1300 662 954



NSW WorkCover
Scheme

Policy number

Period of insurance

 From // To /
WORKERS COMPENSATION ACT 1987

SMALL EMPLOYER DECLARATION OF ACTUAL WAGES

This form is to be used by small employers to declare the actual wages paid during the period of insurance stated above.

Please complete this form in BLOCK letters and use a black pen.
If further space is required, attach a separate page.

Form Return Date: This form is to be completed and returned to your Scheme Agent no later than //
 If the Return Date is blank, please note that in accordance with the *Workers Compensation Regulation 2010*, this form must be completed and returned to your Scheme Agent within four months following the end of the insurance period. If you wish to cancel your policy you are required by legislation to notify your Scheme Agent in writing before the expiration of the current period of insurance.

1 EMPLOYER'S DETAILS

Legal name of employer

(Your legal name may be different from your trading name. Give Company name, Sole Trader or Partners' full names. If a trust give the name of the trustee)

Trading name

ABN of employer or trustee (as applicable) ACN/ARBN

Name of trust (if applicable)

Trust ABN (as applicable)

Location of business premises – Street number

Suburb

Postcode

 Postal address (if different from business premises)
(PO Box or Street address)

Suburb

Postcode

Contact person

Phone

Work

Mobile

Fax

Email

2 ACTUAL WAGES FOR THE PERIOD OF INSURANCE

If you are engaged in separate and distinct businesses, provide separate details of wages for each business activity in the section below.

If no wages have been paid for the period, please indicate this by inserting the words "Nil Wages".

Note: Gross wages includes employer superannuation contributions. Refer to the notes under WAGES in PREMIUM FORMS DEFINITIONS for further information regarding other gross wages inclusions.

If the actual wages for all your workers total \$7500 or less per financial year, you are no longer required to hold workers compensation insurance, except where you engage an apprentice and/or a trainee, and/or are a member of a group.

A. Direct workers

Description of work performed	Total no. of workers (including apprentices)	Total gross wages (\$) (including apprentices)	Agent use WIC code

B. Details of apprentices – included above (see note under APPRENTICE INCENTIVE SCHEME in DEFINITIONS)

Description of work performed	Total no. of apprentices	Total gross apprentice wages (\$)	Agent use WIC code

2 ACTUAL WAGES FOR THE PERIOD OF INSURANCE (cont.)

Policy number

C. Contract workers who are deemed to be your employees

(see note under CONTRACTOR in DEFINITIONS) - record the full contract value in column (3) - an amount must be entered in this column.

Do not include any GST payable in this figure. For the purposes of calculating contractor remuneration, enter further details re the breakdown of the full contract value into the \$ value of labour and other components (if known) into the applicable column (4), (5), (6) or (7). If these amounts are not known, place an 'X' in the column that predominantly reflects the components included in the contract without providing \$ figures. DO NOT reduce the amount to reflect the standard default percentages referred to in the *Wages Definition Manual*. The agent will apply the default percentages as appropriate.

(1) Description of work performed	(2) Total no. of contract workers	(3) Full contract value (\$)	(4) Labour only (\$) L: \$	(5) Labour and tools (\$) L: \$ T: \$	(6) Labour and plant (\$) L: \$ P: \$	(7) Labour, tools, plant and materials (\$) L: \$ \$T/P/M: \$	(8) Agent use WIC code
			L: \$	L: \$ T: \$	L: \$ P: \$	L: \$ \$T/P/M: \$	
			L: \$	L: \$ T: \$	L: \$ P: \$	L: \$ \$T/P/M: \$	
			L: \$	L: \$ T: \$	L: \$ P: \$	L: \$ \$T/P/M: \$	

D. Non-wage based business activities

No. of per capita units	Description - eg. taxi plates, rides, bouts, games, etc.

If you are a taxi operator, you will need to provide the following additional information: a list of plate/s held at the beginning of the period of insurance (including plate number/s), purchase/sale dates of any plate/s that have changed hands in both the previous and current 12 months, indicate if plate/s are metropolitan or country, and the average number of bailee shifts/week per plate. Please provide this information on the supplementary form available from the NSW Taxi Council or on a separate sheet and then attach to this form.

3 BUSINESS ACTIVITY

Please provide a clear description of your business activity and the goods/services you produce/handle/supply

4 GROUPING OF RELATED EMPLOYERS

A - Grouping details

Are you a member of a Group that pays combined wages in excess of \$600,000 in New South Wales? (see note under GROUPING OF RELATED EMPLOYERS in DEFINITIONS) Yes No

If No, complete the declaration (section 5).

If Yes, have you registered with WorkCover as a member of a Group? Yes No

If Yes, what is your Group Number?

If you are a member of a Group and have not registered, go to www.workcover.nsw.gov.au to download a grouping registration form. If you have any questions about grouping, contact WorkCover on 13 10 50.

B - Group changes including business acquisitions

Have any related employers left or joined the Group during the relevant period of insurance? Yes No

Have you purchased or taken over another company or part thereof within the last period of insurance? Yes No

If Yes to either of the above, provide details below. If insufficient space please attach a separate sheet.

Name of organisation that left/joined/was purchased	
ABN	
Scheme Agent	
Policy Number	
Policy Renewal Date	
Date left/joined/purchased (tick applicable category)	<input type="checkbox"/> Left <input type="checkbox"/> Joined <input type="checkbox"/> Purchased

E. Asbestos

(see note under ASBESTOS in DEFINITIONS)

Do you anticipate any of your workers in the course of their employment will handle, process or manufacture products containing asbestos? Yes No

If you answered Yes, provide details of the activity/activities in which the worker/s will handle, process or manufacture asbestos-containing products. If insufficient space please attach a separate sheet.

If Yes, estimate the above worker's total gross wages for the relevant period of exposure to asbestos. These wages must also be included in A and/or C above.

 \$

In which industry are they employed?

5 DECLARATION BY EMPLOYER OR THEIR AUTHORISED REPRESENTATIVE

I, _____ PRINT NAME

- declare that the wages declaration which states the total wages paid to workers, details of apprentice wages, a description of the business activities and the number of workers employed for the period of insurance outlined above is made in accordance with the records required to be kept under the *Workers Compensation Act 1987*
- acknowledge that the Premium Forms Definitions supplement has been provided to me
- consent to the information provided in this form, and any further information provided, be used for the purpose of evaluating and administering the employer's workers compensation policy, and any related purpose
- am authorised by the employer to complete this form and sign this declaration on behalf of the employer.

Penalties may apply for providing false, misleading or incomplete information.

Signature of person authorised to act on behalf of employer

Date

 / /

Position

DEFINITIONS

To assist employers to complete this form a PREMIUM FORMS DEFINITIONS supplement is available separately. The DEFINITIONS supplement is common to the Insurance Proposal, Declaration of Estimated Wages, Declaration of Actual Wages and Request for Certificate of Currency and Statement of Wages forms. Please contact your Scheme Agent for the DEFINITIONS supplement if it has not been provided with this form. Employers are required to acknowledge that they have obtained the DEFINITIONS supplement when completing this form.

DISCLAIMER

This form provides information and may refer to some of your obligations under the various workers compensation and occupational health and safety legislation that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts and regulations at www.legislation.nsw.gov.au

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NSW WorkCover
Scheme

Policy number

Period of insurance

 From // To /
WORKERS COMPENSATION ACT 1987

MEDIUM AND LARGE EMPLOYERS DECLARATION OF ACTUAL WAGES

This form is to be used by medium and large employers to declare the actual wages paid during the period of insurance stated above.

Please complete this form in BLOCK letters and use a black pen.
 If further space is required, attach a separate page.

Form Return Date: This form is to be completed and returned to your Scheme Agent no later than //
 If the Return Date is blank, please note that in accordance with the *Workers Compensation Regulation 2010*, this form must be completed and returned to your Scheme Agent within two months following the end of the insurance period. If you wish to cancel your policy you are required by legislation to notify your Scheme Agent in writing before the expiration of the current period of insurance.

1 EMPLOYER'S DETAILS

Legal name of employer

(Your legal name may be different from your trading name. Give Company name, Sole Trader or Partners' full names. If a trust give the name of the trustee)

Trading name

ABN of employer or trustee (as applicable) ACN/ARBN

Name of trust (if applicable)

Trust ABN (as applicable)

Location of business premises – Street number

Suburb

Postcode

 Postal address (if different from business premises)
 (PO Box or Street address)

Suburb

Postcode

Contact person

Phone

Work

Mobile

Fax

Email

2 ACTUAL WAGES FOR THE PERIOD OF INSURANCE

If you are engaged in separate and distinct businesses, provide separate details of wages for each business activity in the section below.

If no wages have been paid for the period, please indicate this by inserting the words "Nil Wages".

Note: Gross wages includes employer superannuation contributions. Refer to the notes under WAGES in PREMIUM FORMS DEFINITIONS for further information regarding other gross wages inclusions.

If the actual wages for all your workers total \$7500 or less per financial year, you are no longer required to hold workers compensation insurance, except where you engage an apprentice and/or a trainee, and/or are a member of a group.

A. Direct workers

Description of work performed	Total no. of workers (including apprentices)	Total gross wages (\$) (including apprentices)	Agent use WIC code

B. Details of apprentices – included above (see note under APPRENTICE INCENTIVE SCHEME in DEFINITIONS)

Description of work performed	Total no. of apprentices	Total gross apprentice wages (\$)	Agent use WIC code

2 ACTUAL WAGES FOR THE PERIOD OF INSURANCE (cont.)

Policy number

C. Contract workers who are deemed to be your employees

(see note under CONTRACTOR in DEFINITIONS) - record the full contract value in column (3) - an amount must be entered in this column. Do not include any GST payable in this figure. For the purposes of calculating contractor remuneration, enter further details re the breakdown of the full contract value into the \$ value of labour and other components (if known) into the applicable column (4), (5), (6) or (7). If these amounts are not known, place an 'X' in the column that predominantly reflects the components included in the contract without providing \$ figures. DO NOT reduce the amount to reflect the standard default percentages referred to in the *Wages Definition Manual*. The agent will apply the default percentages as appropriate.

(1) Description of work performed	(2) Total no. of contract workers	(3) Full contract value (\$)	(4) Labour only (\$) L: \$	(5) Labour and tools (\$) L: \$ T: \$	(6) Labour and plant (\$) L: \$ P: \$	(7) Labour, tools, plant and materials (\$) L: \$ \$T/P/M: \$	(8) Agent use WIC code
			L: \$	L: \$ T: \$	L: \$ P: \$	L: \$ \$T/P/M: \$	
			L: \$	L: \$ T: \$	L: \$ P: \$	L: \$ \$T/P/M: \$	
			L: \$	L: \$ T: \$	L: \$ P: \$	L: \$ \$T/P/M: \$	

D. Non-wage based business activities

No. of per capita units	Description - eg. taxi plates, rides, bouts, games, etc.

If you are a taxi operator, you will need to provide the following additional information: a list of plate/s held at the beginning of the period of insurance (including plate number/s), purchase/sale dates of any plate/s that have changed hands in both the previous and current 12 months, indicate if plate/s are metropolitan or country, and the average number of bailee shifts/week per plate. Please provide this information on the supplementary form available from the NSW Taxi Council or on a separate sheet and then attach to this form.

3 BUSINESS ACTIVITY

Please provide a clear description of your business activity and the goods/services you produce/handle/supply

4 GROUPING OF RELATED EMPLOYERS

A - Grouping details

Are you a member of a Group that pays combined wages in excess of \$600,000 in New South Wales? (see note under GROUPING OF RELATED EMPLOYERS in DEFINITIONS) Yes No

If No, complete the declaration (section 5).

If Yes, have you registered with WorkCover as a member of a Group? Yes No

If Yes, what is your Group Number?

If you are a member of a Group and have not registered, go to www.workcover.nsw.gov.au to download a grouping registration form. If you have any questions about grouping, contact WorkCover on 13 10 50.

B - Group changes including business acquisitions

Have any related employers left or joined the Group during the relevant period of insurance? Yes No

Have you purchased or taken over another company or part thereof within the last period of insurance? Yes No

If Yes to either of the above, provide details below. If insufficient space please attach a separate sheet.

Name of organisation that left/joined/was purchased	
ABN	
Scheme Agent	
Policy Number	
Policy Renewal Date	
Date left/joined/purchased (tick applicable category)	<input type="checkbox"/> Left <input type="checkbox"/> Joined <input type="checkbox"/> Purchased

E. Asbestos

(see note under ASBESTOS in DEFINITIONS)

Do you anticipate any of your workers in the course of their employment will handle, process or manufacture products containing asbestos? Yes No

If you answered Yes, provide details of the activity/activities in which the worker/s will handle, process or manufacture asbestos-containing products. If insufficient space please attach a separate sheet.

If Yes, estimate the above worker's total gross wages for the relevant period of exposure to asbestos. These wages must also be included in A and/or C above.

 \$

In which industry are they employed?

5 DECLARATION BY EMPLOYER OR THEIR AUTHORISED REPRESENTATIVE

I, _____ PRINT NAME

- declare that the wages declaration which states the total wages paid to workers, details of apprentice wages, a description of the business activities and the number of workers employed for the period of insurance outlined above is made in accordance with the records required to be kept under the *Workers Compensation Act 1987*
- acknowledge that the Premium Forms Definitions supplement has been provided to me
- consent to the information provided in this form, and any further information provided, be used for the purpose of evaluating and administering the employer's workers compensation policy, and any related purpose
- am authorised by the employer to complete this form and sign this declaration on behalf of the employer.

Penalties may apply for providing false, misleading or incomplete information.

Signature of person authorised to act on behalf of employer

Date

 / /

Position

DEFINITIONS

To assist employers to complete this form a PREMIUM FORMS DEFINITIONS supplement is available separately. The DEFINITIONS supplement is common to the Insurance Proposal, Declaration of Estimated Wages, Declaration of Actual Wages and Request for Certificate of Currency and Statement of Wages forms. Please contact your Scheme Agent for the DEFINITIONS supplement if it has not been provided with this form. Employers are required to acknowledge that they have obtained the DEFINITIONS supplement when completing this form.

DISCLAIMER

This form provides information and may refer to some of your obligations under the various workers compensation and occupational health and safety legislation that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts and regulations at www.legislation.nsw.gov.au

Agent for the NSW WorkCover Scheme

ABN: 83 564 379 108/002

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WORKERS COMPENSATION ACT 1987

PREMIUM FORMS DEFINITIONS

This DEFINITIONS supplement is common to the Insurance Proposal, Declaration of Estimated Wages, Declaration of Actual Wages and Request for Certificate of Currency and Statement of Wages forms. The supplement is provided by the Scheme Agent to assist employers complete the forms. Employers are required to acknowledge that they have obtained the DEFINITIONS supplement when completing the forms.

RECORDS

Section 174 of the *Workers Compensation Amendment Act 1987* (the Act) requires an employer to keep correct records of all wages paid to their workers as well as the trade or occupation of each worker. Section 174(2) of the Act stipulates that the employer is to retain these records in good order and condition for at least 5 years after the last entry is made in the record.

INPUT TAX CREDIT ENTITLEMENT

If you are registered for GST and you are entitled to claim back all the GST on your premium from the ATO in your business activity statement (BAS) return, you have a 100% input tax credit entitlement. Some employers such as banks or financial service providers are input taxed and only able to claim back a portion of the GST from the ATO. Those entities have a 'reduced input tax credit entitlement' and are required to note this percentage on the form. In the event of non-notification of a lower input tax credit entitlement, the premium will be based on a 100% entitlement.

WAGES

Gross wages includes total gross earnings (before tax deductions) and some payments that are not generally thought of as wages.

It includes, but is not limited to:

- salary/wages
- overtime, shift and other allowances
- over-award payments
- bonuses, commissions
- payments to working directors (including directors' fees)
- payments to certain contractors
- payments to pieceworkers
- payments for sick leave, public holidays and the associated leave loadings
- value of any substitutes for wages
- grossed-up value of fringe benefits (allowances subject to fringe benefits tax are counted at the grossed-up value, that is the value of the benefit multiplied by the relevant Australian Tax Office benefit formula)*
- trust distributions to workers where the distribution is in lieu of wages for work done for the trust.
- employer superannuation contributions (including the superannuation guarantee levy)
- long service payments (including lump sum payments instead of long service leave)
- termination payments (lump sum payments in respect of annual leave, long service leave, sick leave and related leave loadings).

It does not include:

- directors' fees paid to non-working directors
- compensation under the *Workers Compensation Act 1987*
- any GST component in a payment to a worker.

* Non-profit organisations, public benevolent institutions (PBIs) and charities should continue to declare worker benefits that aren't subject to fringe benefits tax at the net value. Once the worker benefits exceed the Australian Tax Office fringe benefit threshold, the employer must declare the benefit at the grossed-up value.

For further information refer to the WorkCover *Wages Definition Manual*, available as a Publication from WorkCover's website www.workcover.nsw.gov.au

WORKER

A 'worker' is any person who has entered into, or who works under, a contract of service or apprenticeship with an employer (whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, and whether the contract is verbal or in writing).

An injured worker is only eligible to claim workers compensation in NSW when they have a 'State of Connection' that is NSW. A worker's 'State of Connection' is determined using the following tests.

- test A – the State in which the worker usually works in that employment
- test B – if no State is identified by test A, the State in which the worker is usually based for the purposes of that employment
- test C – if no State is identified by test A or B, the State in which the employer's principal place of business in Australia is located.

If it is determined that NSW is a worker's 'State of Connection' their wages must be declared for NSW premium calculation purposes and they must be covered under their employer's NSW workers compensation policy, unless their employer's NSW workers combined wages are \$7500 or less per financial year, in which case the employer is not required to hold a policy. The exception is those employers who engage an apprentice/trainee and/or are a member of a Group, in which case a workers compensation policy is required regardless of the estimated wages total.

APPRENTICE INCENTIVE SCHEME

The *Growing Our Skills Base: Apprentice Incentive Scheme* provides a premium reduction for employers of apprentices.

For new or renewed policies commencing on or after 31 December 2006, the wages you pay to an apprentice will be used to calculate your premium reduction.

To be eligible you must have entered into a NSW Department of Education and Training (NSW DET) approved 'Training Contract' with the apprentice in a designated trade vocation and the apprentice identified in the training contract. [Note the reduction is available only to these apprentices and not to NSW DET recognised traineeships].

When renewing or obtaining a new workers compensation policy, you are required to declare the amount of wages you pay your apprentice(s) and the industry in which they work separately from wages to other workers. This will allow your Scheme Agent to calculate your premium reduction.

You will need to retain your apprentice wages records, as well as your Apprentice Training Contract and letter from the Department of Education and Training advising that the application for the training contract has been approved. These documents will need to be produced in the event of a wage audit.

For further information contact: your workers compensation Scheme Agent, the WorkCover Information Centre on 13 10 50 or visit www.workcover.nsw.gov.au [Enter "Apprentice" under the Search facility for a Fact Sheet and FAQs on the Apprentice Incentive Scheme].

CONTRACTOR

Some people working as contractors are also treated as workers for workers compensation purposes, depending on the individual circumstances. This means that if there is a workplace injury the contractor may be entitled to receive workers compensation. The law refers to these contractors as 'deemed workers'. For this reason, their employer (or principal) must declare any payments made as wages and cover them for workers compensation if the total estimated wages for all that employer's NSW workers combined is greater than \$7500 per financial year (unless employing an apprentice and/or a trainee and/or are a member of a Group in which case the \$7500 exemption does not apply). For further information see www.workcover.nsw.gov.au/insurancepremiums/policies/doyouneedinsurance

Under workers compensation law, a principal contractor is anyone who enters into a contract with another person (subcontractor) to carry out work. A principal may be liable to pay workers compensation to workers employed by subcontractors if a subcontractor was required to have a policy and does not have one and there is a workplace injury. Further, a principal contractor may be liable for their subcontractor's unpaid premiums if they fail to check that their subcontractors are properly insured (this law only applies when a subcontractor is engaged to carry out work relating to the business of the principal).

Principal contractors should check that their subcontractors have signed a statement that there are no outstanding liabilities and that all workers compensation premiums applicable for that work have been paid. If the subcontractor is required to have a policy they should also have a Certificate of Currency in which they:

- are classified in the correct industry
- have declared an appropriate amount of wages for their insurance cover.

WORKER STATUS SERVICE & PRIVATE RULINGS

WorkCover NSW provides assistance to employers through the Worker Status Service to help them determine whether a person is a worker or contractor for premium calculation purposes.

Employers can contact the Worker Status Service to discuss their particular situation or use the tools provided. These tools include a self-assessment tool, which is a simple, anonymous tool that can provide clarity on whether a person is a worker or contractor. This tool also may help an employer decide whether they wish to lodge an application for a private ruling. The self-assessment tool is a guide only and not a binding ruling.

A private ruling is a binding notice from WorkCover that states whether a person is a worker or contractor. A private ruling is only relevant for the circumstances described by the employer in their application and does not impact upon a person's ability to lodge a workers compensation claim, nor can it be used in any claims proceedings.

The Worker Status Service can be contacted on 13 10 50 or email privaterulings@workcover.nsw.gov.au

The worker status self-assessment tool, fact sheets and the private ruling application form are also available at

www.workcover.nsw.gov.au/insurancepremiums/policies/workerstatusservice

NON-WAGE BASED BUSINESS ACTIVITIES

To calculate the premium for taxi operators additional details are required to those requested in the forms. These details are to include the following: a list of plate/s held at the beginning of the relevant period of insurance (including plate number/s), purchase/sale dates of any plate/s that have changed hands in both the 12 months prior to and during the relevant period of insurance, an indication if plate/s are metropolitan or country, the anticipated number of drivers and the average number of bailee shifts/week per plate. If you are unsure as to what constitutes the relevant period of insurance, please contact your Scheme Agent. Taxi operators are to provide these additional details on the supplementary form available from the NSW Taxi Council or on a separate sheet, and attach to the other form/s being submitted.

ASBESTOS

Asbestos is the generic term for a number of fibrous silicate minerals including chrysotile (white asbestos), amosite (brown asbestos), crocidolite (blue asbestos), tremolite, actinolite and anthophyllite. The manufacture and use of products containing chrysotile was prohibited nationally from 31 December 2003 and all other forms of asbestos were banned in the mid-1980s.

As a result, the use of all forms of asbestos is no longer permitted except for the purpose of sampling or analysis, maintenance, removal, disposal, encapsulation or enclosure. The prohibition of products containing chrysotile did not extend to the removal of asbestos products *in situ* at the time the prohibition took effect.

These *in situ* asbestos-containing materials must be appropriately managed to ensure that the risks of exposure to airborne asbestos fibres are eliminated or controlled. It is important that employers indicate whether any of their workers in the course of their employment handle, process or manufacture any asbestos-containing products. It is a legal requirement for the controller of premises to identify all asbestos-containing materials within a workplace, and these materials must be recorded in an asbestos register.

A Dust Diseases Levy rate will be applied to calculate the premium of those employers whose business activities involve exposure to asbestos.

BUSINESS ACTIVITY

Provide a full description of your business activities and include any brochures or website addresses that may clarify the definition of these business activities. Based on this description your Scheme Agent will assign a WorkCover Industry Classification (WIC) to enable calculation of your premium.

Refer to the *Insurance Premiums Order* for further clarification, available from www.workcover.nsw.gov.au/insurancepremiums/premiums/Pages/Insurancepremiumorders.aspx

GROUPING OF RELATED EMPLOYERS

Provisions for grouping for workers compensation purposes are set out in Divisions 2A & 2B of Part 7 of the *Workers Compensation Act 1987*. These provisions determine who is a related entity.

All related employers that pay combined wages over \$600,000 in NSW must be grouped for premium assessment purposes.

However, charitable and not-for-profit organisations may apply to WorkCover for exemption to grouping status for those related employers who are not in direct competition with the private sector.

All employers within a Group must have separate policies and must insure with the same Scheme Agent, with a common renewal date for all policies.

Note: Grouping provisions commenced from 30 June 2006.

For further information contact 13 10 50 or visit

<http://www.workcover.nsw.gov.au/insurancepremiums/premiums/Calculatingpremiums/Pages/Groupingprovisions.aspx>

WORKCOVER INDUSTRY CLASSIFICATION ALLOCATION FOR GROUP EMPLOYERS

If an employer is a member of a group and carries on clerical, administrative, technical, managerial or warehousing services only and predominantly supplies those services to another group member, then that employer is classified on the same basis as the other group member. Clerical, administrative, technical or managerial services include accounting, computer support, drafting, designing, marketing, sales, legal and training.

INSURANCE POLICY WORDING

The wording of the employer's insurance policy is prescribed by Schedule 3 of the *Workers Compensation Regulation 2010*.

This may be accessed through a link from WorkCover's website to the NSW legislation website. Go to www.workcover.nsw.gov.au/lawpolicy/Regulations

Alternatively you may contact your Scheme Agent for a copy of the policy wording.

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