

STATEMENT OF SALARIES AND WAGES

Workers' Compensation and Injury Management Act (1981) – Western Australia
(Penalties are provided under the Act for failure to furnish a true and correct statement)

Attached to this form we have included Explanations, which should assist you in completion of the wages declaration.
Should you require assistance, please do not hesitate to contact our office.

Please Read Important Notices and Sign Declaration Below:

Insured:	ABN:
Risk Address:	Registered for GST: Yes/No ITC: %
Occupation:	Policy No:
Insurer:	WorkCover No.:

Class of Employee	Actual Wages for to	Estimated Wages for to	No. Of Staff
Direct Employees	\$	\$	
Working Directors (refer to Point 8)	\$ \$ \$	\$ \$ \$	
Contractors and/or Sub Contractors (refer to Point 2)	\$	\$	
TOTAL	\$	\$	

Is Journey Cover to and from work Required? YES / NO (please circle)	NOTE : A separate policy is required
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Contractual Obligations (refer point 4)

Have you entered into or do you intend to enter into any contractual arrangements whereby you agree to indemnify or hold harmless any principal or any other person? If yes, and you require cover please attach details.

YES / NO (please circle)

If YES please call us immediately as you may require additional cover

Common Law Cover (refer point 7)

Do you require the common law cover in this policy to be increased?

YES / NO (please circle)

If yes, increased amount required: \$ _____

Workplace Agreements

Are your employees remunerated under any Enterprise Bargaining or Workplace Agreement whereby the rate of weekly compensation payable (including after the four week period of incapacity) is in excess of the "Industrial Award"?

YES/ NO (please circle)

If Yes, please attach details.

IMPORTANT NOTICES

1. SALARIES, WAGES OR OTHER REMUNERATION

You are required to declare the aggregate amount of wages, salaries, or other remuneration, which you have paid and estimate will be paid to all workers. The figure you show must be the absolute gross salary, wage or remuneration (before income tax) and must include:

- Commissions
- Bonuses
- Overtime
- Allowances
- Working Director's Fees (If Directors cover required)
- Other Benefits

Where at piece work rates or otherwise and whether paid in cash or kind but **excludes, termination payments, retirement pay, retrenchment pay in lieu of notice, superannuation payment-pensions, "golden handshakes", and weekly payments of compensation being made to injured workers.**

2. WORKING CONTRACTORS AND SUB-CONTRACTORS

Contractors and sub-contractors who have been engaged by you for the purpose of your trade or business under a contract for service (i.e. not direct employees) and whose remuneration by whatever means is in substance a return for their personal manual labour or services, are considered to be your "worker" under the Workers' Compensation and Injury Management Act 1981.

3. EMPLOYEES OF CONTRACTORS AND SUB-CONTRACTORS

The Workers' Compensation and Rehabilitation Act makes you jointly and severally liable for injury to the workers of any of your contractors or sub-contractors. It is, therefore, important that you satisfy yourself that all contractors and sub-contractors have insurance covering their own workers. If you have any concern about this matter or you see a need to cover the employees of contractors or sub-contractors, please discuss the matter with us. Please note **NO COVER** is provided for claims made against you under common law.

4. CONTRACTUAL OBLIGATIONS

This Policy **does** not automatically provide cover for any contractual arrangements whereby you agree to indemnify and/or hold harmless any Principal or any other person.

If you have entered into or intend to enter into any contractual arrangements whereby you agree to indemnify and/or hold harmless any Principal or any other person it is necessary to declare complete details and request for an extension of cover.

5. EMPLOYEES LIVING OUTSIDE WA

If you engage an employee in Western Australia to perform work outside of WA or overseas, then such employees will be covered for the benefits of the Workers' Compensation and Rehabilitation Act for a period of up to 24 months only. Although this cover is automatic, we do need to know in which State or Country your employees will be engaged. **NO COVER** is provided for claims made against you **for damages under common law in respect of injuries occurring in another Country** nor in respect of any such claim brought against you in any Country other than Australia.

6. LIMIT OF INDEMNITY

The policy has a limit in respect of claims made against you under common law of \$50 million for any one person or number of persons arising out of the one event. If you consider this amount is inadequate, please contact us.

7. AVOIDANCE ARRANGEMENT

Section 175AA prohibits (penalty: \$5,000) an employer from avoiding compensation obligations by contriving to have his workers form their own company, and engaging the company instead of the workers.

This will occur if the employer 'intimated' (i.e. 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.

DECLARATION

8. WORKING DIRECTORS OF PTY LTD COMPANIES (Optional)

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. The Insurer 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 as his earnings below. It is therefore in the director’s interests to make a full disclosure of the earnings.

To assist the insurer 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 so 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 form does the director receive financial benefits from the company? (e.g. cash, payment of children’s school fees, vehicles, meals, electrical equipment, accommodation etc). _____
- 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).

NOTE – Please discuss the merits of covering your Working Directors under Workers Compensation with your Account Manager

9. INJURY MANAGEMENT SYSTEMS

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 injury management system in accordance with the Injury Management Code of practice and sections 155B of the act ? **YES / NO** If NO, State why? _____
2. Are you able to implement a return to work program in accordance with the Injury Management Code of Practice and section 155C (1) (3) of the Act? **YES / NO** If NO, State why? _____
3. Do you require further information to assist in establishing an injury management system or return to work program? **YES / NO**
4. Contact details of the person responsible for day-to-day management of injury management systems – 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 our office on (08) 6142 0000.

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>

I/We hereby declare that we have read the **IMPORTANT NOTICES** and have completed the above declarations together with a reasonable assessment of salaries/wages/remuneration to be paid for the period shown above. **I also confirm renewal of this policy is required** and that any answers supplied on this form that are not in my/our handwriting are certified that those answers have been checked and are true and correct.

_____ (Name) _____ (Occupation)

of _____ (Address)

Signed _____ Date _____