

Declaration of Actual Remuneration

Workers Compensation and Injury Management Act 2023
QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



The *Workers Compensation and Injury Management Act 2023* requires an employer as soon as practicable after the end of the policy period in their workers compensation policy to declare the total remuneration actually paid or payable to the employer's workers over the previous policy period. To help you complete this form we have enclosed or attached a supporting document for your reference titled **Important Information**, which explains terms used in this form, and includes other information relevant to making a declaration of actual total remuneration.

| 1. Policy details | | | | |
|----------------------------|--|----------------------|----------|----|
| Policy Number | | Policy period | From | To |
| WorkCover WA Number: | | | | |
| 2. Employer details | | | | |
| Insured employer name: | | ABN | | |
| Postal address: | | State | Postcode | |
| Business description | | | | |
| Primary business location: | | | | |
| Contact email: | | Contact phone number | | |

| 3. Actual total remuneration | |
|---|--|
| Enter the actual total remuneration in the sections below for each type of worker that you employed or engaged during the policy period. Add additional rows if necessary or provide an attachment. | |
| Refer to the WorkCover WA Remuneration Guidelines for the meaning given to 'remuneration' and what payment types are included and excluded. | |

3.1 General workers/ employees

Provide the actual total remuneration paid or payable to your general workers/ employees including fulltime, part time and casual workers, and apprentices. Do not include working directors or contractors/ subcontractors as you will declare these types of workers separately on this form. See **Important Information** for more information on general workers/employees.

| PRC code of employer's business activities* | PRC class description of employer's business activities* | Total number of workers/employees | Actual total remuneration(\$) |
|---|--|-----------------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

* Refer to the WorkCover WA Industry Classification Order for premium rating classes and codes (PRCs) that apply to an employer's business activities

3.2 Working directors

Provide details of all working directors covered under the policy and the actual total remuneration paid to each working director listed. See **Important Information** for more information on working directors.

| Full name of working director | Type of work performed | Actual total remuneration |
|-------------------------------|------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

3.3. Contractors/ subcontractors

Provide the actual total remuneration paid or payable and/ or total contract value for contractors/ subcontractors that are, or are deemed to be, your workers under the Act. See Important Information for more information on contractors/ subcontractors.

| Type of contract | Description of work performed by contractor/subcontractor | Total number of workers | Actual total remuneration (if known) (\$) | Total contract value (\$) |
|---------------------------|---|-------------------------|---|---------------------------|
| Labour only | | | | |
| Labour & tools | | | | |
| Labour & plant | | | | |
| Labour & materials | | | | |
| Labour, plant & materials | | | | |

Declaration by or on behalf of employer

You must complete the statement below to verify the information that you have provided in this form.

| | |
|-----------------------|--|
| Name | |
| Position | |
| Your business/entity: | |
| Phone: | |
| Email: | |

I confirm that the information provided in this declaration and any attachments are true, correct and complete and that no information has been suppressed or omitted.

I am authorised as the employer/ by the employer to complete and sign this declaration.

Penalties may apply for providing false, misleading or incomplete information

| | |
|------------|--|
| Signature: | |
| Date: | |