

TASMANIA

INVITATION TO RENEW AND WAGE DECLARATION

Insured: _____ **Date of Issue:** _____

Policy Number: _____ **Account Number:** _____

Addressee: _____ **Nature of Business/Industry** _____

Policy Type: **Employers' Indemnity Policy**
 Period of Insurance: From _____ to _____ at 4.00pm (unless otherwise indicated)

Important. Please supply Australian Company Number (if applicable): ACN _____
 Have you changed your nature of Occupation or Business? Yes No

If Yes, please indicate:

Please complete this Wage Declaration as required under Section 97 of the Tasmanian Workers Rehabilitation and Compensation Act 1988 and return within 30 days of your Policy's expiry date being:

Schedule 1 – Wages/Salaries
 'Wages/Salaries' in relation to a worker means: Wages, Salaries, Bonuses, Commissions, Holiday pay, Superannuation payments (if salary sacrifice), Allowances, the value of board and lodging and all other forms of remuneration paid.

Actual Amounts Paid in Previous Period			Estimate of Payments for Future Period		
Class of Occupation	Number of Employees	Gross Amount Paid	Class of Occupation	Number of Employees	Gross Amount Estimated
Clerical Staff	\$	\$
Travellers	\$	\$
All Others General	\$	\$
.....	\$	\$
.....	\$	\$
.....	\$	\$
Total		\$			\$

Schedule 2 – Contracts
 It should be noted that under the Act details of Contractors/Sub Contractors are required (refer to Section 29 of the Act).

Contract Type	Total Value of Contracts for past Period	Renewal Estimate of the Total Value of Contracts for the Ensuring Period
.....	\$	\$
	\$	\$

Warning
 Section 97 of the Tasmanian Workers Rehabilitation and Compensation Act, 1998 provides for a penalty of up to \$10,000 for employers who fail to provide their insurer with a full and correct statement of all wages paid to workers in their employment during the period of indemnity, together with a statement showing the trade, occupation or calling of such workers and any other information as may be prescribed in the Regulations.

Please Note
 If any of your employees are temporarily absent in any other State or Territory on your business include in the actuals or estimates any earnings paid to those employees. If you employ any person in any other State or Territory of Australia then you should for your own protection take out a separate Insurance Policy for each respective State or Territory. Each State or Territory of Australia has its own Workers' Compensation Act with features peculiar to each.
Please telephone our Company for cover and further information.

Declaration
 I/We hereby declare that I/We desire a renewal of this Policy for a further period of twelve months, and that the sums shown in Schedule 1 and 2 above, are the total amounts of wages of every kind paid to all persons in my/our employment and contracts let during the period stated.

Signature of Employer: _____ Date / /