icare™
workers
insurance

declaration of actual wages

Policy number

Period of insurance

From: To:

This form is to be used by 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.

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)

If any of your contact information has changed please contact **icare**.

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".

A. Direct workers

Description of work performed	Total number of workers (incl. apprentices)	Total gross wages (incl. superannuation) ($) (incl. apprentices)	Office use WIC code
Asbestos workers (if applicable)			

(see note under asbestos in definitions)

2. Actual wages for the period of insurance (cont.)

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 (incl. superannuation) ($)	Office use WIC code

C. Contract workers who are deemed to be your employee

(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.

(1) Description of work performed	(2) Total no. of contract workers	(3) Full contract value ($)	(4) Labour only ($)	(5) Labour and tools ($)	(6) Labour and plant ($)	(7) Labour, tools, plant and materials ($)	(8) Office use WIC code

D. Non-wage based business activities

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.

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

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 $750,000 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 **icare** 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.icare.nsw.gov.au** to download a grouping registration form.
If you have any questions about grouping, contact **icare** on 13 44 22.

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?
If Yes to either of the above, provide details below. If insufficient space please attach a separate sheet.   Yes   No

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 **icare** 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 **icare** administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts and regulations at **www.icare.nsw.gov.au**