

Declaration of actual wages

Period of insurance (Mandatory fields)

Policy number (Mandatory field)

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)

Business name

ABN of employer or trustee (as applicable)

ACN/ARBN

Name of trust (if applicable)

Trust ABN (as applicable)

Contact name

Phone number

Mailing address

Email address

To reduce our carbon footprint we will contact you via email



2. Business activity actual wages for the period of insurance

Business activity

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

A. Employee wages (including labour component of any declarable subcontractor)

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". For more information on contract workers, please go to www.icare.nsw.gov.au/wages

Description of work performed	WIC code	Total number of workers (incl. apprentices)	Total gross wages (\$) (incl. superannuation) (incl. apprentices)
Asbestos workers (if applicable)			
Contract workers (labour component if applicable)			

B. Details of apprentices - included above

Description of work performed	Apprentice course code	Total no. of apprentices	Total gross wages (\$) (of apprentices)

Period of insurance

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From 3 1 - 1 0 - 2 0 To 3 1 - 1 0 - 2 1

1 1 8 3 9 8 1 0 1

Non-wage based business activities

Table with 3 columns: No. of per capita units, WIC code, Description - e.g. taxi plates, rides, bouts, games, etc.

3. Business changes

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

Have you sold any part of your business within the last period of insurance? Yes No

If 'Yes' to either of the above, provide details.

Empty text box for providing details.

4. Grouping of related employers

Are you a member of a Group that pays combined wages in excess of \$750,000 in New South Wales?

Yes. If Yes, what is your Group Number? No

If you are a member of a Group and have not registered, go to icare.nsw.gov.au to download a grouping registration form. If you have any questions about grouping, contact icare on 13 44 22.

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 or shared for the purpose of confirming its accuracy, or for 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.

Form fields for Position, Date (DD/MM/YY), and Signature.

Definitions

A definitions supplement is available via www.icare.nsw.gov.au/wages

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



How to connect with us

Phone: 13 44 22 (7am to 7pm, Monday to Friday)
Email: underwriting.operations@icare.nsw.gov.au
Post: PO Box 6766, Silverwater NSW 1811