

Vero Wages Declaration

Western Australian Workers Compensation



Legal Entity:

Policy Number:

Period of Insurance: From: / /

To: / /

We request this form as part of your obligations under section 160(2) of the Workers' Compensation and Injury Management Act 1981 (WA). The details below are to be completed in full, the appropriate declaration signed and the document returned directly to Vero Workers' Compensation.

1.	Please state the full legal name(s) of the employer to be covered under this policy:	
2.	Please state any trading names used by the employer:	
3.	What is the employer's Australian Business Number (ABN) ?	
4.	Has the employer entered into any contractual agreement with a Principal or any other person, whereby the employer agreed to reimburse that person for any liability, or hold that person harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Give a detailed description of your trade or business activities for which this policy is to be renewed. If the employer has more than one business, please supply a separate description of activities for each business and the location from which each business operates. (If you are a manufacturer, what products do you produce?)	
6.	Has the trade or business changed significantly in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , please advise the nature of the changes	
7.	Please complete Schedule A with the details of wages paid to the employer's workers for the past policy year and (if renewal is sought) an estimate of the wages for the forthcoming policy year. Please note that "wages" is defined at paragraph 1 under "Guidance/Definition of Terms" below.	
8.	Please complete Schedule B with the details of family members. Refer to paragraph 2 of "Guidance/Definition of Terms".	
9.	Please complete Schedule C with details of any working directors of the employer. Refer to paragraph 3 of "Guidance/Definition of Terms".	
10.	Please complete Schedule D with details of the contractors/sub-contractors, as to which see paragraph 4 of "Guidance/Definition of Terms".	
11.	If the employer is likely to have workers working outside Western Australia, please complete Schedule E.	

SCHEDULE A – DIRECT EMPLOYEES

Note 1: If the employer has workers at more than one location, please repeat this Schedule A for each location.

Note 2: See “Guidance/Definition of Terms” at paragraph 1 below for the definition of “wages”.

Class of employees First Location	Past period of insurance		Next period of insurance	
	From / / to / /		From / / to / /	
	Actual Wages	Actual number employed	Estimated Wages	Estimated number employed
Managerial and Clerical staff – indoors only	\$		\$	
Tunneling	\$		\$	
Underground	\$		\$	
Offshore exposures	\$		\$	
Aircraft > 10 persons	\$		\$	
Other (Please list occupations)	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Total	\$		\$	

SCHEDULE B – FAMILY MEMBERS

Note 1: See paragraph 2 of “Guidance/Definition of Terms” for assistance.

Note 2: Any members of the employer’s family dwelling in the employer’s house who are not included in this Schedule will not be covered by this policy.

Full Name	Relationship	Duties Performed	Actual Wages		Estimated Wages	
			Past Period of Insurance		Next Period of Insurance	
			From / / To / /		From / / To / /	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

SCHEDULE C – WORKING DIRECTOR(S)

Note 1: See Paragraph 3 of "Guidance/Definition of Terms" for assistance

Note 2: Any working director(s) who is(are) not declared in this Schedule will not be covered by this policy.

To assist the employer to form an opinion as to whether the director(s) is(are) eligible to be covered, and for how much, please advise:

Actual wages – Past period of insurance		Period from / /		Period to / /	
Full Name	Duties Performed	Wages or salary	Other remuneration – non cash benefits	Total earnings	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
Estimated wages – Next period of insurance		Period from / /		Period to / /	
Full Name	Duties Performed	Wages or salary	Other remuneration – non cash benefits	Total earnings	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
a.	Does the director(s) execute work on behalf of the company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	If so what is the nature of the work?				
c.	Is the director(s) paid by reference to that work (disregard profit distribution such as dividends and trust distributions)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	In what forms does the director(s) receive financial benefits from the company? (e.g. Cash, payment of children's school fees, vehicles, meals, electrical equipment, accommodation etc)				

SCHEDULE D – CONTRACTORS/SUB-CONTRACTORS

Note 1: See Paragraph 4 of “Guidance/Definition of Terms” for assistance

Will the employer engage any contractors/sub-contractors for the purpose of conducting its business?

Yes

No

If yes, please provide the following details:

Type of contractor/ sub-contractor		Type of work performed	Total value of contract	Actual Wages		Estimated Wages	
				Past Period of Insurance		Next Period of Insurance	
				From / /	From / /	To / /	To / /
a.	Individual contractors providing their own labour and light plant or hand tools		\$	\$			\$
b.	Individual contractors providing their own labour and heavy plant		\$	\$			\$
c.	Individual contractors providing labour and substantial amount of materials (e.g. a ceiling fixer providing all the plaster or a roof carpenter who supplies all the wood)		\$	\$			\$
d.	Individual contractors who have been paid a total contract price to carry out a complete contract including labour, plant and materials (e.g. contract to build a boat, landscape a park etc).		\$	\$			\$

SCHEDULE E – WORKERS OUTSIDE WESTERN AUSTRALIA

Employee's Name	Description of Occupation	Location	Period likely to be outside Western Australia	Actual Wages		Estimated Wages	
				Past Period of Insurance		Next Period of Insurance	
				From / /	From / /	To / /	To / /
				\$			\$
				\$			\$
				\$			\$
				\$			\$

GUIDANCE/DEFINITION OF TERMS

Wages: The word “wages” means all gross wages, salaries, remuneration, commissions, bonuses, overtime, allowances and the like, directors’ fees, voluntary contributions to superannuation, fringe benefits and all other benefits paid, (whether at piece work rates or otherwise) and whether paid in cash or non-cash benefits such as vehicles, equipment, mortgage payments, travel, school fees etc, to or in relation to a worker (including working directors) before deduction of income tax. Wages does not include termination payments, retirement pay, retrenchment pay in lieu of notice, compulsory superannuation payments, pensions, “golden handshakes”, or weekly payments of workers’ compensation.

Family Members: This is not applicable to Pty Ltd companies. It is optional to cover members of the employer’s family living in the employer’s home. However, if cover is required the family members must be mentioned by name on the policy in Schedule B. If they suffer a work related injury but are not declared in Schedule B, their claim will not be accepted.

Working Directors of Pty Ltd Companies: 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.

A “working director” is a director who:

- Executes work for his/her company AND
- Whose earnings (whether by cash, fringe benefits or other non-cash benefits) are for the director’s personal manual labour or services.

When declaring a working director’s earnings, the employer should include payments made by the employer for the working director’s benefit, including mortgage payments, travel, school fees, cars, equipment etc.

Upon Vero’s request or in the event of a claim, the employer must verify the working director’s actual earnings by supporting particulars. The employer should therefore retain the relevant records.

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.

Usually the amount of the weekly payments an injured director will receive is the amount declared by the employer as the director’s earnings. It is therefore in the director’s interests to make a full disclosure of these earnings.

Contractors/Sub-contractors: You may be liable to pay workers’ compensation to contractors/sub-contractors whose remuneration is in substance for their personal manual labour or services. You may also be liable to pay compensation to the workers engaged by your contractors/sub-contractors. In some circumstances, you may be liable to pay workers’ compensation to the director of a propriety limited company that sub-contracts to you. However (in the case of contractors who have their own workers) if you produce to Vero proof that the contractor is insured for workers’ compensation liability to its workers, you need not declare the wages paid to the contractor’s/sub-contractor’s workers, in Schedule D. Otherwise, you must declare the amounts you pay your contractors/sub-contractors, and the amounts they pay to their own workers.

VERO'S PRIVACY POLICY AND PRIVACY STATEMENT

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other companies within the same group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information (and receive some personal information from), when necessary and in connection with the purposes listed above, to other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers and wage auditors.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at the address shown below:

Vero Workers Compensation – WA

Level 2, 15-17 William Street

Perth WA 6000

Telephone (08) 9211 4111

In some circumstances we may not agree to allow you access to some or all of the personal information we hold about you such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Collection required by law

Your personal information is, in part, collected in order to comply with Workers' Compensation laws.

Privacy statement issued by

Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067

Vero Workers Compensation is a division of Vero Insurance Limited ABN 48 005 297 807

DECLARATION BY OR ON BEHALF OF EMPLOYER

(to be signed by the employer personally, or where the employer is a corporation, by the Company Secretary)

I, of

in the State of Western Australia, do solemnly and sincerely declare that the total wages (as defined in paragraph 1 of "Guidance/Definition of Terms" above) paid to the employer's workers during the period

from _____ to _____ are as stated above. I make this solemn declaration conscientiously believing the same to be true and knowing that the Evidence Act renders persons making a false declaration punishable for wilful and corrupt perjury.

Declared at

This day of

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Signature: Date:

OR

Declaration by registered company auditor, accountant or tax agent

I, of

being the duly appointed _____ for the employer hereby declare that from my examination of the employer's wage record and cash drawn I am satisfied that the sum of wages (as defined in paragraph 1 of "Guidance/Definition of Terms" above) shown in this document as the amounts paid by the employer to its workers for the period

from _____ to _____ is a true representation of what appears in the employer's records.

Signature: Date: