



388 George Street Sydney NSW 2000 GPO Box 9960 Sydney NSW 2001  
Tel 1300 666 506 Fax (02) 9088 9709

### CANCELLATION OF POLICY REQUEST FORM

**Please complete the below fields**

**Employer Name**

**Trading Name**

**Policy Number**

Please note that the Workers Compensation Act 1987, stipulates that you may only cancel your policy due to circumstances as described below. If you wish to cancel your policy you are required to complete, sign and send this form back to us. **We must receive the form prior to 4pm of your policy expiry date.** If we do not receive the Cancellation Request by then, your policy will be renewed as per WorkCover Authority requirements.

**Date from which policy is to be cancelled**

D	D	M	M	Y	Y
---	---	---	---	---	---

**Reason for Cancellation**

**Please Tick One Option**

Ceased Trading in NSW

Business has been sold

Ceased to employ (applicable only to Sole Traders and Partnerships)

Sold Plates (Applicable only to Taxi \*/ Hire Cars)

\* In order to process the cancellation, transfer and or sale documentation from the Taxi Base/Operator is also required to be submitted

Insured elsewhere

**Insured Elsewhere**

If you have obtained Workers Compensation insurance through another WorkCover NSW Agent, you are also required to provide information about your new policy in the fields below. Please note cover is not transferable to another agent. If you wish to move to another agent you must do so prior to your next policy period.

Name of New WorkCover NSW Agent

New Policy Number

Date from which new policy starts

D	D	M	M	Y	Y
---	---	---	---	---	---

**Finalising premium details for current policy period**

In addition to this document, we also require you to include your Declaration of Actual Wages form (included in your Renewal Pack). This will allow us to determine if there is any premium outstanding, or alternatively, if you are entitled to receive any premium refund from us.

Policy Holder Name

Policy Holder Signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---