



STATEMENT OF WAGES - TASMANIA

Please complete (both sides) and return to CGU within 60 days of the expiry date

Print in block letters in the spaces provided and mark with a tick where appropriate

Employer details

Insured name

	Policy number: Orig Pol number: Expiry Date:
--	--

Business Address

--

Telephone no.

Facsimile no.

Email

--	--	--

Guide for completing this form

This workers compensation policy is due for renewal. You should complete the actual wages paid during the expiring period, and an estimate of the wages to be paid for the next period, in Schedule A, B and C below (a definition of wages can be found on the bottom of the page). On the back, you will also find questions regarding occupational health and safety, and alternative duties, that you may have available for injured employees. The questions should be answered, as they may have an affect on the assessment of your premium. Please ensure that the signature section is also completed.

Schedule A - General

Description of Economic Activity (Business) (Use a separate line for each location with a different activity)	Wages Paid for Expiring Period from to		Wages Estimated for Renewal Period from to	
	Wages as defined \$	No. of employees	Wages as defined \$	No. of employees

Schedule B - Working Directors

Where working directors are employed, their details should be noted in Schedule B, whether they are remunerated or not. Should they receive no "wages", "NIL" is to be noted in the wages column

Name of working director	Wages Paid for Expiring Period from to		Wages Estimated for Renewal Period from to	

Schedule C - Contractors and sub-contractors

Contractors and sub-contractors remuneration over the period of insurance, for which no certificate of currency has been obtained for proof of their workers compensation cover. Based upon the percentage of contract relating to the provision of manual labour.

Class of work	Wages Paid for Expiring Period from to		Wages Estimated for Renewal Period from to	

Description of Wages

Wages should include:

Annual and public holiday payment including loadings, housing loans, fringe benefits, board and lodging, bonuses paid under award or agreement, car parking, Company car (private use), construction allowance, dirt money, shift allowance, site allowance, height money, meal allowance, over award payments, company house, commission, profit sharing schemes, living away from home allowance, lump sum payment in lieu of holidays/sick leave, industry allowances (ie taxable allowance), Directors - payment to working directors and fees, over award payment, sick leave, overtime payments, penalty rates, salary, salary packaging, superannuation payments (if salary sacrifice) and third party remuneration (if salary sacrifice eg, school fees), travel expenses (free or discount or as bonus).

but excludes:

Car allowances, clothing allowance, accommodation allowance, honorariums, travel allowance, dividends, early retirement benefits, tool allowance, staff discounts, superannuation benefits, entertainment allowance, ex gratia payments, long service leave, royalties, payments in lieu of notice, redundancy payments, retrenchment payments, severance payments, travel expenses (work related costs), termination payments and workers compensation payments and reimbursements.

STATEMENT OF WAGES - TASMANIA

Please complete (both sides) and return to CGU within 60 days of the expiry date

Print in block letters in the spaces provided and mark with a tick where appropriate

Signatures

Please note that only the Declaration OR the Certificate below needs to be signed.

Declaration by the employer

I/we, (name)

of (company)

in the State of Tasmania, do solemnly and sincerely declare that the total sum of wages, salaries and other remuneration paid to our workers during the period expired was set out herein.

Signature of employer

Signature of witness

Address of Witness

Date

OR

Certificate by registered company auditor, accountant or tax agent

I/we, (name)

of (company)

being the duly appointed

for (employer)

that from my/our examination of this employer's wage records, I am/we are satisfied that the remuneration declared is a true representation in respect of the actual amount paid by them to all their workers for the period

Signature of company auditor, accountant or tax agent

Date