PO Box 1207
Auburn NSW 1835

Lismore	02 6627 5999	02 9375 4855
Newcastle	02 4968 6444	02 9375 4855
Sydney	02 9375 4444	02 9375 4855
Wollongong	02 4224 3487	02 9375 4855

QBE Workers Compensation (NSW) Limited
Agent for the NSW WorkCover Scheme
ABN: 83 564 379 108/004

NSW WorkCover Scheme

Policy number

Period of insurance
From ☐☐/☐☐/☐☐ To ☐☐/☐☐/☐☐

WORKERS COMPENSATION ACT 1987

REQUEST FOR CERTIFICATE OF CURRENCY AND STATEMENT OF WAGES

Please complete this form in BLOCK letters and use a black pen.
When completed this form is to be returned to your Scheme Agent.
If further space is required, attach a separate page.
Please note that in accordance with the legislation, a Scheme Agent has up to 5 working days from the date of request to issue a Certificate of Currency.

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 and the trust)

Trading name

ABN

ACN/ARBN

Location of business premises
Street

Suburb | Postcode

Postal address (if different from business premises)
(PO Box or Street address)

Suburb | Postcode

Contact person

Phone
Work
( )

Mobile

Fax
( )

Email

Are you registered for GST? ☐ Yes ☐ No

If you are registered for GST, can you claim back 100% of the GST from the ATO in your BAS return (ie. your input tax credit entitlement is 100%)? ☐ Yes ☐ No

If No, specify your reduced input tax credit entitlement ☐☐ %

2 ESTIMATED WAGES FOR THE PERIOD OF INSURANCE

Please contact Scheme Agent if unsure of your 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.
Note: Gross wages includes employer superannuation contributions. Refer to the notes under WAGES in PREMIUM FORMS DEFINITIONS for further information regarding other gross wages inclusions.
If the actual wages for all your workers total $7500 or less per financial year, you are no longer required to hold workers compensation insurance, except where you engage an apprentice and/or a trainee, and/or are a member of a group.

A. Direct workers

Description of work performed	Total no. of workers (including apprentices)	Total gross wages ($) (including apprentices)	Agent use WIC code

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 ($)	Agent use WIC code

2 ESTIMATED WAGES FOR THE PERIOD OF INSURANCE (cont.)

Policy number

C. Contract workers who are deemed to be your employees

(see note under CONTRACTOR in DEFINTIONS) - 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. DO NOT reduce the amount to reflect the standard default percentages referred to in the *Wages Definition Manual*. The agent will apply the default percentages as appropriate.

(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) Agent use WIC code
			L: $	L: $ T: $	L: $ P: $	L: $ $T/P/M: $	
			L: $	L: $ T: $	L: $ P: $	L: $ $T/P/M: $	
			L: $	L: $ T: $	L: $ P: $	L: $ $T/P/M: $	

D. Non-wage based business activities

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

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.

E. Asbestos

(see note under ASBESTOS in DEFINITIONS)

Do you anticipate any of your workers in the course of their employment will handle, process or manufacture products containing asbestos? ☐ Yes ☐ No

If you answered Yes, provide details of the activity/activities in which the worker/s will handle, process or manufacture asbestos-containing products. If insufficient space please attach a separate sheet.

If Yes, estimate the above worker's total gross wages for the relevant period of exposure to asbestos. These wages must also be included in A and/or C above. $

In which industry are they employed?

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

Are you a member of a Group that pays combined wages in excess of $600,000 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 WorkCover 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.workcover.nsw.gov.au** to download a grouping registration form. If you have any questions about grouping, contact WorkCover on 13 10 50.

5 DECLARATION BY EMPLOYER OR THEIR AUTHORISED REPRESENTATIVE

I, _____ PRINT NAME

- declare that the information provided in this request and any attachments is true, correct and complete
- declare that no information has been suppressed or omitted from this request
- agree to supply a correct declaration of actual wages paid at the expiry of the period of insurance to allow an accurate calculation of premium. I understand the declaration of actual wages may result in further premium payable or a refund of premium paid, subject to the statutory minimum premium
- hereby request a Certificate of Currency to be issued
- 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.

A copy of this request may be provided to WorkCover by the Scheme Agent and may result in an investigation of the employer's records relating to wages and contracts under section 174 of the *Workers Compensation Act 1987*.

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