

# DECLARATION OF ESTIMATED REMUNERATION



The *Workers Compensation and Injury Management Act 2023* requires an employer applying for the issue or renewal of a workers compensation policy to declare the estimated total remuneration to be paid or payable to the employer’s workers for the proposed policy period of their workers compensation policy. This estimate is used to calculate the employer’s premium for the proposed policy period.

To help you complete this form we have enclosed or attached a supporting document for your reference titled **Important Information**, which explains terms used in this form, and includes other information relevant to making a declaration of estimated total remuneration.

Your policy summary	
Policy number	
Client number	
WorkCover number (if known)	
Policy type	
Legal name	
Insured(s)	
Period of insurance	
ABN	

## 1. Estimated total remuneration

Enter the estimated total remuneration in the sections below for each type of worker that you will employ or engage during the policy period.

If you require additional rows, please provide an attachment.

Refer to the Definition of Wages Document for the meaning given to ‘remuneration’ and what payment types are included and excluded.

## 2 General workers/employees

Provide the estimated total remuneration payable to your general workers/employees including fulltime, part time and casual workers, and apprentices. Do not include working directors or contractors/subcontractors as you will declare these types of workers separately on this form.

See **Important Information** for more information on general workers/employees.

ANZSIC code of employer’s business activities*	ANZSIC description of employer’s business activities*	Estimated total number of workers/employees	Estimated total remuneration
			\$
			\$
			\$
			\$

\* Refer to the table on the following page for ANZSIC codes that apply to an employer’s business activities

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ANZSIC	Description	ANZSIC	Description	ANZSIC	Description
8710D	Early Learning Centre	9511H	Beautician (including Hairdressing)	4310K	Non-Store Retailer NOC
4271G	Pharmaceutical, Cosmetic, Toiletry Goods Retailer	8512C	Specialist Medical Centre	8539AD	Allied Health Service Providers NOC
6970E	Veterinary Practice – services provided at veterinary premises	7291F	Office Based Administrative Services	8599G	Health Services NOC
8599J	Dental Clinic	8534A	Chiropractic Services	8532A	Optometry and Optical Testing and Dispensing
8790E	Counselling Services NOC	8511E	Medical Centre	8531B	Dentist
9551C	Professional Association	8021A	Primary Education	8211F	Sports and Physical Recreation Instruction, including Participation
8533A	Physiotherapy Services	9111B	Gym/Fitness Health Centre Operator excluding Solarium	4244B	Newsagency Retail – excluding Lotto Agencies

If you are unsure of your ANZSIC code, please refer to your schedule or leave blank and Guild will assist.

### 3 Working directors

Provide details of all working directors required to be covered under the policy and the estimated total remuneration payable to each working director listed.

See **Important Information** for more information on working directors.

Full name of working director	Type of work performed	Estimated total remuneration
		\$
		\$
		\$
		\$

### 4 Contractors/subcontractors

Provide the estimated total remuneration paid or payable and/ or total contract value for contractors/subcontractors that are, or are deemed to be, your workers under the Act.

See **Important Information** for more information on contractors/subcontractors.

Type of contract	Description of work performed by contractor/subcontractor	Total number of workers	Estimated total remuneration (if known)	Total contract value
Labour only			\$	\$
Labour & tools			\$	\$
Labour & plant			\$	\$
Labour & materials			\$	\$
Labour, plant & materials			\$	\$

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## 5. Declaration by or on behalf of employer

You must complete the statement below to verify the information that you have provided in this form.

Name

Position

Your business/entity

Phone

Email

- I confirm that the information provided in this declaration and any attachments are true, correct and complete and that no information has been suppressed or omitted.
- I am authorised as the employer/ by the employer to complete and sign this declaration.

*Penalties may apply for providing false, misleading or incomplete information*

**Signature:**

**Date:**

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Return form details	
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