Declaration of Actual Remuneration

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Workers Compensation and Injury Management Act 2023

The Workers Compensation and Injury Management Act 2023 requires an employer as soon as practicable after the end of the policy period in their workers compensation policy to declare the total remuneration actually paid or payable to the employer's workers over the previous policy period.

To help you complete this form we have enclosed or attached a supporting document for your reference: **Important Information**.

Please read **Important Information** as it includes information on terms used in this form, and refers to important requirements and publications issued under the Act that are relevant to making a declaration of actual total remuneration.

1. Policy details

Policy Number		**Policy Period**	From:	To:
WorkCover WA Number:				

2. Employer details

Insured employer name:		**ABN**			
Postal address		**State**	WA	**Postcode**	
Business description					
Primary business location					
Contact email:		**Contact phone number**			

3. Actual total remuneration

Enter the actual total remuneration in the sections below for each type of worker that you employed or engaged during the policy period.

Refer to the *WorkCover WA Remuneration Guidelines* for the meaning given to 'remuneration' and what payment types are included and excluded.

Add additional rows if necessary or provide an attachment.

3.1 General workers / employees

Provide the actual total remuneration paid or 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.

PRC code of employer's business activities*	PRC class description of employer's business activities*	Total number of workers/employees	Actual total remuneration ($)

* Refer to the *WorkCover WA Industry Classification Order* for premium rating classes and codes (PRCs) that apply to an employer's business activities

3.2 Working directors

Provide details of all working directors covered under the policy and the actual total remuneration paid to each working director listed. See **Important Information** for more information on working directors

Full name of working director	Type of work performed	Actual total remuneration ($)

3.3 Contractors / subcontractors

Provide the actual 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	Actual total remuneration (if known) ($)	Total contract value ($)
☐	Labour only				
☐	Labour & tools				
☐	Labour & plant				
☐	Labour & materials				
☐	Labour, plant & materials				

Declaration by or on behalf of employer

You must complete the statement below to verify the information that you have provided in this form regardless of whether you are renewing your workers compensation policy or not.

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:	