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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Declaration of Estimated Remuneration

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for providing a declaration of estimated remuneration under sections 203(2) and 203(6) of the Act is **Declaration of Estimated Remuneration** in Appendix 1.

Declaration of Estimated Remuneration in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form IN1 – v1 [D2024/69279].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

27 March 2024

Workers Compensation and Injury Management Act 2023

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.

1. Policy details

Policy number:

.....
From:

Policy period:

.....
To:

WorkCover WA Number:

.....

2. Employer details

Insured employer name:

.....

Postal address:

.....

ABN:

.....

Business description:

.....

Primary business location:

.....

Contact phone number:

.....

Contact email:

.....

3. 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.

Add additional rows if necessary or provide an attachment.

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

3.1 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.

PRC code of employer’s business activities*	PRC class description of employer’s business activities*	Estimated total number of workers/employees	Estimated 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

APPENDIX 1

3.2 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
		\$
		\$
		\$
		\$

3.3. 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
<input type="checkbox"/> Labour only			\$	\$
<input type="checkbox"/> Labour & tools			\$	\$
<input type="checkbox"/> Labour & plant			\$	\$
<input type="checkbox"/> Labour & materials			\$	\$
<input type="checkbox"/> Labour, plant & materials			\$	\$

4. 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: