This form is to be used by a single or group self-insurer to apply for approval to add a related entity to the licence in the Western Australian workers compensation scheme.

The *Application for Self-Insurer Licence Guidelines* must be read prior to completing this form.

Only a wholly owned subsidiary of a self-insurer licence holder is treated as a related entity and able to be included in a group self-insurer licence.

This application is made under section 246 of the *Workers Compensation and Injury Management Act 2023* (the Act).

**SECTION A – LICENCE HOLDER**

|  |  |
| --- | --- |
| Name of licence holder: |  |

**SECTION B – RELATED ENTITY DETAILS**

|  |  |
| --- | --- |
| Full legal entity name: |  |
| ABN: |  |
| Is the related entity a wholly owned subsidiary? | Yes |
| Business activities of the related entity: | |
|  | |
| Reason for applying to add the related entity: | |
|  | |
| Proposed start date of self-insurance: |  |

Workforce details in Western Australia:

|  |  |
| --- | --- |
| Number of workers: |  |
| Total remuneration ($): |  |

**Attachments required:**

1. If relevant, provide a copy of the ASX or ASIC confirmation of acquisition of the related entity.
2. If the related entity total remuneration exceeds 50% of the self-insurer group, provide an updated actuarial report of the group’s outstanding claims liabilities.

**SECTION C – SELF-INSURER DECLARATION**

The authorised officer of the self-insurer licence holder must complete the statement below.

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Phone: |  |
| Email: |  |
| Signature: |  |
| Date: |  |

Check here to:

* certify all information provided in this application is true and correct to the best of your knowledge
* undertake to supply any other information required by WorkCover WA in assessing this application
* acknowledge the self-insurer licence holder and its approved related entities are subject to compliance with the Act, the *Workers Compensation and Injury Management Regulations*, the licence criteria and any licence conditions imposed by WorkCover WA.

Please submit the completed form and attachments via email to [records@workcover.wa.gov.au](mailto:records@workcover.wa.gov.au).

For further information, contact the WorkCover WA Advice and Assistance Service on 1300 794 744.