



Coal Mines Insurance

ABN 70 000 011 727

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Sydney NSW 2001
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www.coalminesinsurance.com.au

WORKERS COMPENSATION ANNUAL DECLARATION OF WAGES 2016-17

Policy number:

1. Employer Details

Legal name of employer
(Your legal name as per your ABN)

Trading name

ABN (Australian Business Number)

ACN (Australian Company Number)

Location of business (physical address)

Postal address

Contact person

Position

Phone

Fax

Mobile

Email

2. Company Details

Are you registered for GST? Yes No

ITC entitlement %

(Input Tax Credit – if the employer is registered for GST, the employer can claim 100% of the GST from the ATO. If the employer cannot claim 100% of the GST from the ATO, please specify the reduced input Tax Credit Entitlement)

3. Business Activities

3.1 On a NSW coal mining lease/site

Please provide a clear description of your day-to-day business activity whilst on a NSW coal mining lease/site.

What equipment do you use? e.g. laptop, tools, instruments, machinery

3.2 Off a NSW coal mining lease/site and relevant to the NSW coal industry

Please provide a clear description of your business activity whilst off a NSW coal mining lease/site

What type of facilities or premises are your activities performed at and where is it located? e.g. office, home, workshop

3.3 Breakdown of NSW coal industry activities

Please provide a breakdown of your coal industry wages as per the following:

Open cut mine (all activities undertaken on an open cut mine site not classified elsewhere)		%	Underground mine (all activities undertaken on an underground mine site not classified elsewhere)		%
Operational mining services (e.g. workshop, coal prep plants)	% onsite	% offsite	Administration	% onsite	% offsite

3.4 Interstate work

Do you have employees working outside of NSW?

Yes

No

If **yes**, is the work related to the NSW coal industry?

Yes

No

How long are the employees likely to be outside of NSW?

If **no**, please provide details of your insurer for unrelated work outside of the NSW coal industry:

Name of insurer

Policy number

3.5 Work not relevant to the NSW coal industry

Please provide details of your workers compensation policy that covers non-coal industry activity.

Name of insurer

Policy number

3.6 Apprentice details for the NSW Coal Mine Insurance (Apprentices must be in a registered trade and the Apprentice and Employer bound by a formal training agreement registered with the appropriate State and Territory Training Authority)

Do you have any apprentices?

Yes (please complete below)

No

Policy Year	Type of trade	Total number of apprentices	Total gross apprentice wages (including super)
2015-16 Actual			\$
			\$
			\$
2016-17 Estimate			\$
			\$
			\$

*A copy of each apprentice's contract is to be provided to CMI

4. Actual and Estimated Wages

Please refer to the **Coal Mines Insurance Definition of Wages Manual** prior to completing this document which must be carried out in accordance with this definition. The manual can be downloaded at <http://www.coalminesinsurance.com.au/workerscompensation.aspx>

Please only declare wages for workers of employers covered by Coal Mines Insurance.

Actual wages 1 July 2015 to 30 June 2016		Estimated wages 1 July 2016 to 30 June 2017	
Employee Numbers (total number of employees covered by Coal Mines Insurance)		Employee Numbers (total number of employees covered by Coal Mines Insurance)	
Apprentice Numbers (total number of apprentices covered by Coal Mines Insurance)		Apprentice Numbers (total number of apprentices covered by Coal Mines Insurance)	
Full Time Equivalent Employee Numbers		Full Time Equivalent Employee Numbers	
Working on a NSW coal mine site		Working on a NSW coal mine site	
Working off a NSW coal site		Working off a NSW coal site	

Gross wages	\$	A	Gross wages	\$	A
Superannuation Guarantee Levy Amount	\$	B	Superannuation Guarantee Levy Amount	\$	B
Total Gross Wages (A+B)	\$	A+B	Total Gross Wages (A+B)	\$	A+B

DEDUCTIONS

Please note:
All deductions must be itemised. If deductions are not itemised, they will not be allowed.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Deductions \$ _____

Total assessable wages \$ _____

DEDUCTIONS

Please note:
All deductions must be itemised. If deductions are not itemised, they will not be allowed.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Deductions \$ _____

Total assessable wages \$ _____

5. Declaration by Employer and Certification

The employer and certification declarations cannot be signed by the same person.

Employer's Name

I, (print name)

Company name

- hereby declare and warrant that the above is a true and correct statement of gross wages and assessable wages as per the CMI Definition of Wages Manual, paid to workers, deemed employees and relevant independent contractors;
- declare that no information has been suppressed or omitted from this declaration;
- am an employee and authorised and by the employer to complete this form and sign this declaration; as required by the conditions of the Coal Mines Insurance Workers Compensation Insurance Policy.

Signature

Position

Date

Certification

This section must be completed by an Independent Registered Accountant, Tax Agent, External Company Auditor, nominated company secretary registered with ASIC, Company Director or Company Financial Officer.

I, (print name)

Company name

- hereby declare and warrant that the accompanying Adjustment and Renewal Statement, Supplementary Schedule and the Employer's Declaration of Wages are a true and correct statement of assessable wages paid to workers and relevant independent contractors retained by

(employers name)

- As required by the conditions of the Coal Mines Insurance Workers' Compensation Insurance Policy.

I am registered with

(registered body)

Registered number

Signature

Date

Please return your completed form no later than 31 August 2016 to:

E: polycyservices@coalservices.com.au

F: 02 9262 6090

GPO Box 3842, Sydney NSW 2001

Privacy Statement in relation to Policy Information

Coal Mines Insurance Pty Limited (CMI) provides workers compensation insurance to employers in the coal industry in New South Wales.

- We need to collect personal information from Employers so we can:
- Set up and administer the insurance policy for the Employer
- Perform our functions and exercise our powers under the Coal Industry Act 2001
- Assess a claim made under this policy
- Assess Employers and their needs
- Improve our services

Protecting privacy is a key part of our normal operations.

We do not disclose personal information to any outside third party organisation, unless it is contracted to CMI to provide administrative services or activities on our behalf or it is necessary to disclose that information for the purposes of undertaking CMI's functions under the Coal Industry Act. In this case, we make sure that the third party is bound by the same privacy rules we follow.

You are entitled to access your own personal information being held. This information is generally provided upon request. We will take reasonable steps to ensure that any information being held is relevant, accurate, complete, up-to-date and not misleading. However, it is your responsibility to notify us when your details change.

Sometimes, CMI might use personal information to make policy-related material on products and services available to employers. An Employer may elect not to receive product related material by indicating below.

Please do not send product related material on CMI's range of products and services.

An Employer may change their mind at any time about receiving product-related material by contacting Policy Services.

You can access further information on our Privacy Statement at <http://www.coalservices.com.au/Privacy-Statement.aspx>

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