

Policy Cancellation Form

CMI has received your recent request to cancel your Coal Mines Insurance policy. To finalise your policy please complete and return the following information to CMI:

Policy Cancellation form stating the reason and date of cancellation

Actual Wages Declaration formDeclaration by Employer		
Policy Name:		
Policy Number:		
ABN:	ACN:	
Cancellation date:		
Person for Cancellation (places tick and)		
Reason for Cancellation (please tick one)		
Business has been sold	If other, please specify here:	
Business has ceased trading		
Business ceased trading in NSW coal industry		
Ceased to employ		
Other.		
Employer's name:		
I state the above information with regards to the cancellation of my policy is true and correct.		
Date:	Signature:	

ABN 70 000 011 727
PO Box Q1895
Queen Victoria Building NSW 1230
T: 02 8270 3257
F: ampleyorganians @cocleantings

E: employerservices@coalservices.com.au www.coalservices.com.au

Actual Wages Declaration Form

Actual Wages		
1 July 2024 to		
Employee Numbers (Full Time Equivalent Total number of		
employees including apprentices if applicable)		
Gross Wages (Total wages including apprentice wages if applicable)	A	
Superannuation Guarantee Levy Amount	В	
Total Gross Wages	A + B	
Deductions (Please note: All deductions must be itemised)		
Total Deductions	C	
Total Assessable Wages	A+B-C	

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Declaration by Employer

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 authorized 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.
Si	gnature:
Pc	sition:
Da	nte:

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Privacy Statement in relation to Policy Information

Coal Mines Insurance Pty Limited (CMI) provides workers compensation insurance to 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 organization, 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 https://www.coalservices.com.au/mining/privacy-policy/