



Coal Mines Insurance Pty Limited
ABN 70 000 011 727

Level 21/44 Market Street
Sydney NSW 2000

GPO Box 3842
Sydney NSW 2001

Phone: 02 8270 3200
Fax: 02 9262 6090
DX 13017 Sydney West
www.coalservices.com.au

WORKERS COMPENSATION ANNUAL DECLARATION OF WAGES

Section 1. Details

Legal Entity: _____

Trading Name: _____

Period of Insurance: _____

ABN: _____

GST Registration? Yes No

ITC Entitlement (%)

Contact Name: _____

Telephone: _____

Fax: _____

Mobile: _____

Email address: _____

Website: _____

Postal Address: _____

Situation Address: _____

Do you have any employees who are likely to perform work outside of NSW?

No Yes – Please advise which state or territory or country:

Section 2. Related Entities or Policies

Does this organisation have any related entities? Yes No

If you have answered 'yes', please provide details below:

Name of Organisation	ABN/ACN	Workers' Compensation Insurer	Policy Number

Please advise the name of the parent company?.....

Section 3. Business Activity

(1) Please provide a clear description of your business activity and the goods/services you produce/handle/supply.

(2) What, if anything, do you manufacture/install or repair?

(3) What goods or materials, if any, do you normally handle?

(4) What machinery is used (e.g. roof bolter, loaders, etc.)?

Section 4. Employees

Please refer to the employee calculation guidelines (as attached) or visit www.coalservices.com.au to download a copy of this document.

ACTUAL EMPLOYEE NUMBERS 1 July 2008 to 30 June 2009		ESTIMATE EMPLOYEE NUMBERS 1 July 2009 to 30 June 2010	
Total number of employees covered by <u>Coal Mines Insurance</u> (head count)		Total number of employees covered by <u>Coal Mines Insurance</u> . (head count)	
Full Time Equivalent		Full Time Equivalent	
Working on a NSW Coal Mine Site		Working on a NSW Coal Mine Site	
Off Site		Off Site	
Total (On + Off)		Total (On + Off)	

Section 5. Adjustment and Renewal Statement

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. Visit www.coalservices.com.au to download a copy of this document.

ACTUAL WAGES 1 July 2008 to 30 June 2009		ESTIMATE WAGES 1 July 2009 to 30 June 2010	
DETAILS	ACTUAL WAGES	DETAILS	ESTIMATED WAGES
Gross Wages		Gross Wages	
<p>DEDUCTIONS</p> <p>Please note: All deductions <u>must be itemised</u>. If deductions are not itemised, they will not be allowed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>DEDUCTIONS</p> <p>Please note: All deductions <u>must be itemised</u>. If deductions are not itemised, they will not be allowed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
TOTAL ASSESSABLE WAGES	\$	TOTAL ASSESSABLE WAGES	\$

Section 6. Wage Certification

SECTIONS A & B MUST BE COMPLETED BEFORE RETURNING DECLARATION TO COAL MINES INSURANCE.

SECTION A. Employer's Declaration of Wages

This section must be completed by the employer.

I, (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 retained by(employer name)
 in respect of the period from20..... to 20.....
 as required by the conditions of the Coal Mines Insurance Workers' Compensation Insurance Policy.

Position Signature Date.....

SECTION B CAN NOT BE SIGNED BY THE SAME PERSON WHO SIGNED SECTION A.

SECTION B. Certificate of Wages

This section must be completed by either an Independent Registered Accountant, Tax Agent, External Company Auditor OR Company secretary (who is registered with ASIC).

I, (name)
 of (organisation)
 being a (capacity in which certificate is given)
 registered with(registration body),(registration number),
 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 (employer name)
 in respect of the period from20..... to 20.....
 as required by the conditions of the Coal Mines Insurance Workers' Compensation Insurance Policy.

Signature

Date.....

1. Please ensure this declaration is complete **before** returning it to us. If it is not complete, it will be returned. If you need assistance completing this declaration, please contact our underwriting department on 02 8270 3215 or kristy.sorensen@coalservices.com.au.
2. Coal Mines Insurance will issue you with an invoice or credit adjustment, if required. Please do not make any adjustments to your next premium payment **before** we issue such adjustment.

THIS DECLARATION MUST BE RETURNED BY: 31 AUGUST 2009