

Policy Number:



Coal Mines Insurance Pty Limited  
ABN 70 000 011 727

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Sydney NSW 2000

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Sydney NSW 2001

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## 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.

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

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

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

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### Section 4. Employees

Please refer to the employee calculation worksheet (as attached) or visit [www.coalservices.com.au](http://www.coalservices.com.au) to download a copy of this document.

ACTUAL EMPLOYEE NUMBERS 1 July 2009 to 30 June 2010		ESTIMATE EMPLOYEE NUMBERS 1 July 2010 to 30 June 2011	
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	
<b>Total</b> (On + Off)		<b>Total</b> (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](http://www.coalservices.com.au) to download a copy of this document.

ACTUAL WAGES 1 July 2009 to 30 June 2010		ESTIMATE WAGES 1 July 2010 to 30 June 2011	
DETAILS	ACTUAL WAGES	DETAILS	ESTIMATED WAGES
<b>Gross Wages</b>		<b>Gross Wages</b>	
<b>DEDUCTIONS</b>  Please note: All deductions <u>must be itemised</u> . If deductions are not itemised, they will not be allowed.  _____ _____ _____ _____ _____		<b>DEDUCTIONS</b>  Please note: All deductions <u>must be itemised</u> . If deductions are not itemised, they will not be allowed.  _____ _____ _____ _____ _____	
<b>TOTAL ASSESSABLE WAGES</b>	\$	<b>TOTAL ASSESSABLE WAGES</b>	\$

## Section 6. Schedule of Wages

Please only complete this section if you paid your premium monthly for the actual wage period.

### ADJUSTMENT AND RENEWAL STATEMENT SUPPLEMENTARY SCHEDULE

<b>MONTH</b>	<b>No. of FTE employees</b> (Full time equivalent)	<b>GROSS WAGES</b> \$	<b>DEDUCTIONS</b> \$	<b>ASSESSABLE WAGES</b> \$
<b>July 2009</b>				
<b>August 2009</b>				
<b>September 2009</b>				
<b>October 2009</b>				
<b>November 2009</b>				
<b>December 2009</b>				
<b>January 2010</b>				
<b>February 2010</b>				
<b>March 2010</b>				
<b>April 2010</b>				
<b>May 2010</b>				
<b>June 2010</b>				
<b>TOTAL</b>		\$	\$	\$ <i>* This total must match the total assessable wages in section 4.</i>

## Section 7. 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 from .....20..... 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 from .....20..... 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 3257 or [michael.scavera@coalservices.com.au](mailto:michael.scavera@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 2010**