

Employers Name:

Policy No:



WORKERS COMPENSATION ADJUSTMENT / ACTUALS ON CANCELLATION

Period of Insurance: Actual _____ to _____

A declaration of actual wages is required to be completed from the current inception date until date of cease employing or no longer trading.

Schedule 1 Contractors/Subcontractors

	Name of contractor/subcontractor & nature of work	Actual \$
Labour Only and/or		
Labour and Plant and/or		
Labour and Materials and/or		
Labour, Plant & Materials and/or		

Schedule 2 Complete this Section to include actual wages paid for previous noted Pty Ltd Directors and Relatives of Individuals

Name In Full	Age	Relationship	Occupation	Actual \$

Schedule 3 GENERAL EMPLOYEES, FULL TIME, PART TIME OR CASUAL

DETAIL OF WAGES Give details of actual wages paid during the period from current inception period to cessation of employment NOTE "Wages" means ALL amounts paid in money or money's worth and includes overtime, bonuses, allowances, commissions and the value of cash substitutes	PLEASE STATE ALL LOCATIONS, INDUSTRY & ACTIVITIES PERFORMED	Average number of Workers for each description	Wages of workers of each description
	LOCATION:	Actual	Actual \$
	INDUSTRY:		

Total Wages as indicated in Schedule 1, 2 & 3	Actual number of employees	Actual Wages

DECLARATION

The above information is correct and may be verified by inspection of my wages books and other relevant records.

SIGNED _____

DATED _____