



Members Benefits Group

PREMIUM MEMBERSHIP APPLICATION FORM

INSTRUCTIONS TO THE APPLICANT:

- A. This application is to be completed by the individual person or company / union / club / association / business / organisation applying to become a member, as the answers to the following questions will determine the acceptance or declinature of the application form.
- B. There is a duty on the Applicant to answer all questions accurately and fully, as all Statements shall form the basis of and be incorporated into any contract of insurance that may be issued.
- C. Please answer all the questions. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on the Applicant's letterhead.

1. Select the Membership Application Category:

Please tick all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Individual - Student | <input type="checkbox"/> Individual – Teacher / Trainer / Assessor |
| <input type="checkbox"/> Registered Training Organisation (RTO) | <input type="checkbox"/> Registered Training Organisation (RTO) - CRICOS Registered |
| <input type="checkbox"/> Compliance Auditor | <input type="checkbox"/> Not sure – Please contact me |
| <input type="checkbox"/> (Tell Us) _____ | |

2. Personal Details:

Please complete all details:

Title/Prefix: _____ Given Names: _____

Surname: _____ Date of Birth: ____/____/____

Employer/Company: _____

ABN/ACN: _____

Job Title: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Business Phone: () _____ Mobile: _____

Home Phone: () _____ Fax: () _____

Email: _____ Web Address: _____

3. Additional Information:

4. Payment Details:

- Attach cheque payable to – **Members Benefits Group**
 Attach money order payable to – **Members Benefits Group**

Please charge my Credit Card for:

\$

- MasterCard Visa Diners Amex

Exact name on card: _____

Card Number: _____

Expiry Date: _____ / _____



Signature of cardholder: _____

Date: _____ / _____ / _____

Membership Fees:

Fees are based on a 12 month financial year. Renewals will be sent accordingly.

Category	Price
Individual Student	\$65.00 (ex GST)
Teacher/Trainer	\$65.00 (ex GST)
Auditor	\$165.00 (ex GST)
RTO	\$165.00 (ex GST)

5. Declaration

I/We declare that the answers and information given by me/us in this application are true and correct in all respects.

I/We agree to be bound by the Membership Terms and Conditions of MBG, available at www.mbgonline.com.au.

I/We acknowledge that MBG, its agents and/or employees reserve the right to decline this application.



Applicant's Signature: _____

Date: _____ / _____ / _____

Applicant's Title: _____

ADDRESS FOR CORRESPONDENCE

Members Benefits Group, PO BOX 518, PORT MELBOURNE, VIC 3207

Phone: 1300 137 389 Fax: 1300 138 950

APPLICATION FOR A WORKCOVER INSURANCE POLICY

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APPLICATION FORM 6

APPLYING FOR WORKPLACE INJURY INSURANCE IN VICTORIA

WHAT IS WORKCOVER?

WorkCover is a compulsory insurance scheme which is funded by contributions from Victorian employers. It provides businesses with insurance cover for the cost of benefits if your workers are injured or become ill because of their work.

If a worker is injured, they are entitled to weekly benefits, medical and rehabilitation treatment costs, legal costs or, in the event of a serious injury, lump sum compensation. The cost of providing these benefits to an injured worker can run into the hundreds of thousands or even millions of dollars.

WHO NEEDS TO TAKE OUT A WORKCOVER INSURANCE POLICY?

Generally, you must have a WorkCover Insurance Policy if:

- you employ workers and you expect to pay more than \$7,500 a year in remuneration (this includes wages, benefits and superannuation), or
- you employ apprentices or trainees, regardless of the amount of remuneration paid.

You need a policy from the date you meet either of the above conditions. If you employ apprentices or trainees you are required to pay at least the minimum premium.

Your Application for a WorkCover Insurance Policy must be received within 60 calendar days of the date you are required by law to hold a WorkCover Insurance Policy.

If you don't take out a policy when required, you will be considered to be uninsured and may face severe penalties, including the full costs of compensation if a worker is injured.

HOW TO APPLY

This document contains an Application for WorkCover Insurance form and information to help you complete the form.

If you have more than one workplace, copy and complete the Workplace details section for each additional workplace.

In Victoria, VWA Agents issue and administer WorkCover Insurance policies on behalf of the Victorian WorkCover Authority (VWA). Send your completed application to the VWA Agent of your choice.

Copies of this document are available from our website at www.worksafe.vic.gov.au under Forms>Policy.

FOR FURTHER INFORMATION

If you need further help completing the form, or require advice, you can telephone the WorkCover Advisory Service on 1800 136 089 or ring the VWA Agent you have selected to administer your WorkCover Insurance Policy and claims.

For more information about health and safety you can also visit your local WorkSafe office, or our website.

Other information is available on our website, including:

- Who is an employer
- If you are self-employed
- If you hire contractors
- If you hire apprentices
- If you hire work experience students.

This material can be found by accessing the Workplace Injury Insurance section on our homepage at www.worksafe.vic.gov.au

If you must obtain a WorkCover Insurance Policy, a cover note can be arranged by contacting a VWA Agent from the list on page 3 of this form. A cover note provides coverage subject to the completion and lodgement of this form with your selected Agent within 30 days. If you have obtained a cover note please record the number in the space provided.

Cover note number

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Cover note registration date

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IMPORTANT DISCLAIMER

The information provided in this publication is designed to address the most commonly raised issues in relation to applying for WorkCover insurance in Victoria. The process of applying for WorkCover in Victoria is governed by the *Accident Compensation Act 1985*, the *Accident Compensation (WorkCover Insurance) Act 1993* and the relevant Premiums Order/s. This publication is not intended to replace this legislation.

The Victorian WorkCover Authority has made every effort to ensure that the information provided in this document is accurate. If something in this document is misleading and you make a mistake as a result, we will not charge you a penalty (including late payment) on any underpaid premium, although you will be required to pay any underpaid premium.

DEFINITIONS AND TERMS

For more information go to our website www.worksafe.vic.gov.au

'you'
means the applicant

'your'
indicates something belonging to the applicant

'your business'
means the business which is the subject of this application

Associate

The definition of associate, considers connections (including relatives) to individuals, companies, trustees and partnerships. A full definition of associate is available in the Premiums Order on our website.

Buy-out

Under the *Accident Compensation Act 1985* you must pay an excess on any claim – the first 10 days of compensation and an amount towards medical and related costs. Once the excess has been paid, any additional payments are met by the WorkCover scheme.

Employers have the option of eliminating the excess so that the entire claim is paid by the VWA. They can buy-out the excess by paying a loading on their premium.

Financial Year

Our financial year operates from 1 July to 30 June.

Industry rate

The claims experience of each industry is assessed by looking at the claims costs compared to remuneration over a period. We compare the performance of each industry and set the appropriate industry premium rates. If your business operates in an industry which has significant injuries, and therefore high claims costs, the industry rate will be higher than an industry which has lower costs.

Interest(s)

For the purpose of the questions in this document, where a person, employer, business or entity has an 'interest' or 'interests' it means that they have or hold a degree of control, or ownership (whether or not the interest(s) are direct or indirect).

Main activity

Your main activity is the dominant business activity at your workplace.

Remuneration

For the VWA's purposes, remuneration includes wages and salaries paid to your employees, payments to some contractors, allowances and benefits which attract fringe benefits tax (such as motor vehicles) and contributions to a superannuation fund, provident or retirement fund.

In some cases, remuneration that is paid by an employer to apprentices or trainees is exempt from premium calculations.

Your total annual remuneration is used to calculate your premium.

For more information about contractors, please refer to the employers section on our website at www.worksafe.vic.gov.au

Workplace

A workplace is an area of land occupied by you where your workers work or pass through in the course of their employment.

VWA Agent

In Victoria, VWA Agents issue and administer WorkCover Insurance policies on behalf of the VWA. They also manage the collection of premiums, inform employers of their responsibilities and administer most claims processes.

Workplace Industry Classification (WIC)

Every Victorian workplace registered with the VWA is classified into an industry group. This is done by your VWA Agent and is based on the predominant activity of the workplace. There are currently 518 different workplace industry classifications (WICs).

For more information about WorkCover industry classifications, please refer to the WorkCover Insurance Premiums Order on our website at www.worksafe.vic.gov.au

EMPLOYER DETAILS

1. VWA AGENTS

Your WorkCover Insurance policy will be managed by an Agent of the VWA. You can choose one of the Agents listed below to service your insurance policy.

Allianz Australia Workers' Compensation (Victoria) Limited

GPO Box 80A, Melbourne Vic 3001
Toll Free 1800 240 335
Tel (03) 9234 3757
Fax (03) 9234 3759

Cambridge Integrated Services Victoria Pty Ltd

GPO Box 751, Melbourne Vic 3001
Toll Free 1800 802 200
Tel (03) 9947 3000
Fax (03) 9947 3005

CGU Workers' Compensation (Vic) Limited

GPO Box 2090S, Melbourne Vic 3001
Toll Free 1800 066 204
Tel (03) 8630 1000
Fax (03) 8804 9406

Gallagher Bassett Services Workers Compensation Vic Pty Ltd

Locked bag 3570, GPO Melbourne 3001
Toll Free 1800 774 377
Tel (03) 9297 9000
Fax (03) 9297 9010

GIO Workers' Compensation (Victoria) Limited

GPO Box 4426, Melbourne Vic 3001
Toll Free 1800 817 969
Tel (03) 9860 3555
Fax (03) 9820 3373

QBE Workers' Compensation (Vic) Limited

GPO Box 4725, Melbourne Vic 3001
Toll Free 1800 817 820
Tel (03) 9246 2444
Fax (03) 9246 2400

Your VWA Agent will collect your premium, manage claims for any of your injured workers and offer you a range of other services. Your VWA Agent should:

- give you advice on how to keep your workplace safe and prevent injuries
- explain your rights and responsibilities, and those of your workers, under WorkCover laws
- help you with any questions you may have about your policy, premium or claims
- inform you about any changes to your policy or premium and why the changes were made
- help you develop an occupational rehabilitation program and return to work plans for your injured workers
- help you get injured workers back to work as soon as possible by offering occupational rehabilitation advice in consultation with the worker's treating doctor
- help you organise reasonable retraining for any injured workers.

2. LEGAL NAME OF EMPLOYER

To accurately identify all employers the VWA requires the full legal name(s) of the entity employing. This name is usually the name that appears on all official documents or legal papers. The legal name may be different to the name you trade under.

Employer type	Example of employer name
Sole trader	John Greg Smith
Partnership	Jack Howard Brown and Peter Jones
Company	Example Pty Ltd, Example 100 Ltd
Trustee	James Thomas Smith as trustee for the Smith Family Trust

If an employer is the Trustee of a trust, the name of the trustee should appear as part of the employer name.

(A trust itself cannot employ and is not an employer. A trustee may employ workers on behalf of the trust and it is the trustee name that is to be shown as the legal name of the employer. A trustee may be a sole proprietor, partnership or company.)

3. TYPE OF ENTITY

An employer usually sets up a business using one of the structures listed below.

Sole Proprietor

A sole proprietor is an individual who owns a business in their own name and is personally liable for its debts.

Partnership

A partnership exists where persons or corporations carry on a business in common with a view to profit. A partnership may exist between individuals, between corporations or between individuals and corporations.

Company

A company is a body corporate which is registered under the Corporations Act. A company may be:

- A private company (generally indicated by 'Proprietary Limited' or 'Pty Ltd' in the name of the company) where the shares in the company are privately held; or
- A public company (generally indicated by Limited' or 'Ltd in the name of the company) where the public may purchase shares in the company.

A company exists in law independently of its shareholders. All companies have an Australian Company Number (ACN).

Trustee

A trust is not a separate legal entity and cannot be an employer. Each trust has a trustee or trustees responsible for administering the trust. A trustee may employ persons to assist in the administration of the trust. In such circumstances, the trustee is the relevant employer.

Other

This includes not for profit organisations such as cooperatives, incorporated associates, local government entities and statutory corporations. Please describe the nature of the organisation fully in the area provided.

4. ABN AND ACN

The Australian Business Number (ABN) is issued by the ATO. If you have one, we will include your ABN on your tax invoice.

The Australian Company Number (ACN) is issued by the ASIC. Include your ACN if a company or a trustee which is a company.

5. GST STATUS

Contact the ATO to find out if you should register for the GST.

6. COMPANY DIRECTORS OR BUSINESS OWNERS

The VWA requires the full names of all directors or business owners to assist in applying premium rules.

BUSINESS DETAILS

Your answers to questions 8-20 are designed to collect information which may be relevant to the calculation of your premium.

Failure to provide full and true disclosure to the VWA in respect of matters relevant to the calculation of premium may result in a default penalty of up to 120% of under paid premium.

7. REASON FOR APPLICATION

Understanding the reason for the application will assist WorkCover processing.

8. EMPLOYMENT COMMENCEMENT DATE

Under Victorian legislation you are required to hold a WorkCover Insurance Policy with effect from the earliest date during a financial year (year ending 30 June) in which you employed either:

- a worker or a deemed worker (including a business owner being employed by their own company) and could reasonably foresee a total remuneration liability of more than \$7,500 for the financial year; or
- an apprentice or trainee, no matter how much they are paid.

If you hire any apprentices or trainees – even if you only hire one – you must have a WorkCover policy regardless of the level of remuneration you pay.

9. POLICY EXCESS AND BUY-OUT OPTION

An insurance excess applies to a workplace injury claim. If a worker makes a claim and you or your VWA Agent accept it, you must pay a policy excess.

The excess consists of:

- the first 10 days of weekly benefits and
- an amount towards medical and like services (indexed annually).

The VWA pays for a claim once it exceeds your excess by reimbursing you through your VWA Agent.

You can remove the excess by taking up the buy-out option when you first apply for your policy or, in following years, at the start of each financial year. The cost of the buy-out option is an additional 10% of your annual premium.

For further information about the policy excess and buy-out option, please refer to the employers section on our website at www.worksafe.vic.gov.au

WORKPLACE DETAILS

10. NUMBER OF WORKPLACES

You must complete the 'Workplace details' section (i.e. pages 8 and 9) for each of your workplaces. If you have more than one workplace, please make additional copies as required.

- A workplace is an area of land occupied by you where your workers work or pass through in the course of their employment.
- If you have workers that work at sites which are not occupied or controlled by you (eg premises you have been contracted to clean), your workplace is the place from which your workforce is controlled (eg your office).

Further information about the definition of a workplace is available in the Premiums Order on the VWA website, or alternatively, you can contact your VWA Agent.

11. BUSINESS OR TRADING NAME

A business or trading name is the name that you trade under or the name by which your suppliers or customers know you. It may be different from your legal name.

12. PHYSICAL LOCATION OF WORKPLACE

This should include the street name and number, the level or building complex name and shop number (if applicable).

Example: Charliestone Shopping Centre
Level 2, Shop 23
1313 Northvale Rd
Northvale 3333

A workplace location cannot be a PO Box.

13. WORKPLACE COMMENCEMENT DATE

This is the earliest date that your worker(s) commenced operation at this workplace or began to be managed from this workplace.

14. YOUR ACTIVITY AND REVENUE/COSTS

Your activity is used to determine your industry classification which is used to calculate your insurance premium, so it is important that we obtain a good understanding of your business.

Question 25 asks you to consider all of the activities at your workplace and nominate your main activity. Please forward copies of any brochures or explanatory material that will assist us in determining your main activity.

Questions 26 to 31 ask for more information about your workplace to enable your Agent to determine the main activity and assign the most appropriate industry classification to your workplace.

15. MAIN ACTIVITY - EXAMPLES

Type of business	Main activity
Flower shop	Retail sales of flowers
Builder	Construction of minor renovations; pergolas, garages, etc
Accountant	Preparation of tax returns
Metal fabricator	Making wrought iron fences and gates

16. KEY GOODS OR SERVICES - EXAMPLES

Type of business	Key goods and services
Flower shop	Sale of fresh cut flowers, bouquets, gift baskets, wreaths and plants
Builder	Preparation of plans, building structures, etc
Accountant	Taxation advice
Metal fabricator	Design and fabrication of wrought iron fences and gates

17. KEY TYPES OF RAW MATERIALS, TYPES OF EQUIPMENT, OR PROCESSES - EXAMPLES

Type of Business	Raw Materials	Equipment	Processes
Flower shop	Flowers, plants, ribbons, paper, pots	Scissors, delivery van	Flower arranging, making wreaths and gift baskets
Builder	Timber, plasterboard, concrete, roofing sheets	Various hand tools, power tools, ladders, ute	Cutting and fixing timber, concreting
Accountant		Computer, tax law books	Data entry, analysis
Metal fabricator	Metal	Welder, grinder, anvil, press	Welding, pressing, grinding

18. REVENUE AND COSTS FOR THE NEXT TWELVE MONTHS - EXAMPLES

Type of Business	Product / service	Sales / revenue the gross amount you receive from selling your goods or services	Cost of goods sold or services provided - the cost of raw materials (if any), the cost of equipment used in your business, energy costs, etc.	Cost of labour - all costs relating to your workforce including salary/wages, training costs, superannuation, benefits, etc
Flower shop	Flowers/bouquets	\$90,000	\$35,000	\$35,000
	Plants	\$16,000	\$3,000	\$1,500
	Gift baskets, wreaths	\$10,000	\$3,000	\$2,000
Builder	Pergolas	\$100,000	\$25,000	\$25,000
	Garages	\$50,000	\$20,000	\$10,000
	Additions and alterations	\$250,000	\$100,000	\$50,000
Accountant	Personal tax returns	\$300,000	\$25,000	\$150,000
	Business tax advice	\$500,000	\$25,000	\$225,000
Metal Fabricator	Fences	\$60,000	\$15,000	\$30,000
	Gates	\$80,000	\$20,000	\$35,000

19. ESTIMATE OF RATEABLE REMUNERATION

Penalties may apply if you underestimate remuneration

Include in your estimate:

- salaries, wages
- superannuation, allowances
- directors' fees
- fringe benefits (taxable value, not grossed-up value used for payroll tax). For more information about taxable fringe benefits contact the Australian Taxation Office or your tax advisor.
- some contractor payments expected to be paid to workers.

Do not include remuneration for exempt apprentices and/or exempt trainees

Some apprentice remuneration is exempt for workplace injury insurance premium purposes (apprentice includes trainee remuneration in this context). It is subject to the training being an approved training scheme and to certain qualifications and restrictions. (These schemes are approved by the Office of Training and Tertiary Education.)

Remuneration paid to an apprentice or trainee is exempt if, during the two years before the start of the training agreement the apprentice has not been employed for more than three months full time, or a total of 12 months part time, by:

- the employer, or another employer of the same group,
- a former employer*, or
- any combination of the above.

If apprentices meet these conditions before being engaged under a training agreement, they may be employed under successive training

agreements with current and former employers as long as the time between any two agreements is less than three months.

* Note: There are strict definitions for what constitutes a former employer. For more information refer to our website or contact your VWA Agent.

Contractors and remuneration

The term contractor covers a wide variety of people in different work circumstances. A contractor could be a consultant, agent, tradesperson or professional person, or a company providing the services of a person. Contractors may operate as sole proprietors, or through partnerships, companies or family trusts.

If you hire any person to perform work on a contract, this person may be considered to be your employee under some contracts. Some payments to contractors may be counted as rateable remuneration. This means that you may need to include some or all of the money you pay this person in your estimate and certification of rateable remuneration.

Contractor remuneration can be difficult to define. For more information, contact your VWA Agent. Guidelines for contractors are also available on our website at www.worksafe.vic.gov.au

Restrictions and qualifications apply – refer to the employers section on our website or contact your VWA Agent.

Changes to remuneration

If you become aware that your actual remuneration will exceed, or is likely to exceed, your latest estimate by more than 20%, you must tell your VWA Agent of your revised estimate within 28 days.

You can advise your Agent of other changes to your estimate of remuneration at any time during the policy period.

More information about remuneration is available from our website under Publications. Alternatively you can contact your selected VWA Agent.

APPLICATION FOR A WORKCOVER INSURANCE POLICY

VWA use only
Policy effective date

 / /

EMPLOYER DETAILS

1. Name of your VWA Agent

2. Legal Name of Employer

Your legal name may be different from your trading name. If a trust, give the name of the trustee, and the trust (see page 3 for examples).

3. Type of Entity

- Sole proprietor
 Partnership
 Company (registered under Corporations Act)
 Trustee
 Other (give details)

4. If applicable, Australian Business Number and Australian Company Number

ABN

ACN

5. Have you registered or do you intend to register for GST?

- Yes No

If Yes, provide a copy of your GST certificate to your VWA Agent.

6. Company directors or business owners

Surname	Given Names

7. Contact person

We recommend the contact person be an employee or the business owner, not an external accountant or solicitor.

Name

Position

Mailing Address

Telephone

Mobile Phone

Fax

Email

Website

If you have an intermediary associated with your workers compensation policy it is important to complete the following:

Intermediary Name

Address

BUSINESS DETAILS

8. Why are you making this application? (tick any that apply)

- employing, or intending to employ, workers
- employing, or intending to employ, apprentices or trainees
- setting up your own new business
- buying a business that was previously unrelated to you
- a merger involving the formation of a new company
- a sole trader or partnership converting to a company
- a company converting to a sole trader associate or a partnership
- as a result of entering into insolvency i.e. appointment of a liquidator, trustee for a bankruptcy or a receiver and manager
- a change of partners in a partnership

Other reason (give details)

9. Employment commencement date (see page 4)

	/		/	
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10. Do you wish to take up the Policy excess and Buy-out option?

- Yes No

11. Have you purchased or taken over an existing workplace or business?

- Yes No

If applicable, Legal name of previous employer

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WorkCover Employer Number

--

What is your relationship to that employer?

--

12. If you answered Yes to question 11,

At any time, did any person (or any of their associates) who has a direct or indirect interest in your business also have a direct or indirect interest in:

- the workplace you have purchased or taken over? Yes No
- a business that is connected, associated or related to the workplace you have purchased or taken over? Yes No

13. Does any of your staff primarily provide services to another business?

- Yes No

14. Are the operating requirements of your business (including raw materials, facilities, resources, administration and services) substantially supplied to you by one other business?

- Yes No

15. Do you have a holding or subsidiary company?

- Yes No

Under section 50 of the *Corporations Act 2001* a holding subsidiary relationship will exist if:

- a company holds more than 50% of the issued share capital of another company; or
- a company controls the composition of the board of directors of another company under section 47 of the *Corporations Act 2004*; or
- a company can cast or control the casting of more than 50% of the votes which can be cast at a general meeting.

16. Do you or any entity that substantially influences the running of your business have a substantial influence over the operations of another business?

- Yes No

This influence could be through ownership or in any other way.

17. Does your business RECEIVE all the goods produced or services provided by another business?

- Yes No

18. Does your business SUPPLY its goods or services to less than four other businesses?

- Yes No

19. Is your business involved with any other business or with businesses represented together as a single business?

- Yes No

If Yes to any of questions 13 to 19, provide details of other businesses, if more than 2, attach information on a separate page.

Business Name

--

WorkCover Employer Number

--

Workplace Address

Business Name

--

WorkCover Employer Number

--

Workplace Address

20. Have you been notified by the State Revenue Office of Victoria that you are a member of a group under the Pay-roll Tax Act 1971?

- Yes No

WORKPLACE DETAILS

If you have more than one workplace, copy and complete the workplace details section of the form for each additional workplace.

21. How many workplaces do you have?

22. Business or trading name

23. Physical location of workplace

24. Workplace commencement date

This is the date you started, or will start, employing at this workplace.

 / /

Your activity and revenue/costs

For more information and examples, see page 5.

25. What do you consider is your main activity in this workplace and why?

26. List the key goods or services that you intend to produce or provide at the workplace.

27. List the key types of raw materials, classes of equipment, or processes used to produce or supply the goods or services.

Raw Materials:

Equipment:

Processes:

28. Do you own the goods you sell?

Yes No Not applicable

29. Does this workplace supply goods or services mainly or wholly to any other workplace in your business

Yes No

If Yes, provide workplace address.

30. Do you have substantial dealings with a business that shares or that neighbours your workplace?

Yes No

For example:

- raw material or initial product supplied by one business is processed to a finished product by another business
- product made by one business is sold or marketed by another.

31. Revenue and costs for the next twelve months

Product / service	Sales / revenue - the gross amount you receive from selling your goods or services	Cost of goods sold or services provided - the cost of raw materials (if any), the cost of equipment used in your business, energy costs, etc	Cost of labour - all costs relating to your workforce including salary/wages, training costs, superannuation, benefits, etc

32. Estimate of rateable remuneration (see page 5)

Rateable remuneration	For CURRENT YEAR ending 30 June	For NEXT YEAR ending 30 June	Do not include remuneration and superannuation for exempt apprentices and/or exempt trainees. Penalties may apply if you underestimate remuneration. If you become aware that your actual remuneration will exceed, or is likely to exceed, your latest estimate by more than 20%, you must tell your VWA Agent of your revised estimate within 28 days.
Salaries and Wages	\$	\$	
Contractors deemed to be your workers	\$	\$	
Taxable value of fringe benefits (NOT the grossed up amount used for payroll tax)	\$	\$	
Other remuneration	\$	\$	
Superannuation	\$	\$	
Total Rateable Remuneration	\$	\$	

33. How many workers do you expect to employ for this year?

Full Time

Part Time

Apprentices/ Trainees to a Company

34. Estimate exempt remuneration for apprentices and/or trainees

Current Year

Next Year

CONSENT AND DECLARATION

COLLECTION OF PERSONAL INFORMATION

Personal information is collected by the VWA or VWA Agents on this form for the purpose of assessing your application for a WorkCover Insurance Policy. Personal information collected on this form may also be used and disclosed for the purpose of administering and evaluating the WorkCover Insurance scheme and other related purposes. To fulfil these purposes, the VWA or VWA Agents may disclose the personal information collected on this form to each other, or to organisations such as other authorised agents and service providers.

If you do not provide any part or all of the information requested, your application may not be processed. If you wish to access your personal information, you may contact the VWA's Freedom of Information officer or the VWA Agent.

You can access the VWA Privacy Policy at www.worksafe.vic.gov.au

FALSE OR MISLEADING INFORMATION

Before completing this declaration it is important that you ensure you have provided all relevant information and that the information provided is true and correct.

To provide false or misleading information is a serious offence under the Accident Compensation Act 1985 and the Accident Compensation (WorkCover Insurance) Act 1993 which can result in your incurring severe penalties or imprisonment.

- I understand that the VWA will assess this application for WorkCover Insurance on the basis of the information provided in this form. I have understood the questions set out in the form and understand the information which I have provided.
- I am authorised by the applicant to complete this form and sign this declaration on behalf of the applicant.
- The applicant declares that all relevant information has been provided in answer to questions on this form and that the information given is true and correct.

- The applicant declares that any personal information disclosed on this form and any further personal information provided in connection with WorkCover Insurance has been or will be collected, used and disclosed in accordance with applicable privacy legislation.
- The applicant consents to the use and disclosure of any personal information, which is collected on this form or further provided in connection with WorkCover Insurance, for the purposes outlined in 'Collection of Personal Information'.

Signature of person authorised to act on behalf of the employer

Date of signing

 / /

Print full name (use block letters)

Print title



Please return your completed Workcover Application form to:

MAIL:
(complete, sign and mail to)

RTO Insurance Group
PO Box 518
PORT MELBOURNE VIC 3207

FAX:
(complete, sign and fax to)

RTO Insurance Group
Fax: 1300 138 950

E-MAIL:
(complete, sign and upload form, then send to)

Attention: RTO Insurance Group
info@mbgonline.com.au