

Grouping Registration Form to register related employers for the purpose of workers compensation premium assessment.

**COMPLETE A SEPARATE FORM FOR EACH EMPLOYER IN YOUR GROUP.**

Return completed form by

**Email:** [premium.services@icare.nsw.gov.au](mailto:premium.services@icare.nsw.gov.au)

**Post:** Premium Services, Locked Bag 2906, Lisarow, NSW 2252.

## 1. Employer's details

Legal name of employer (as per ASIC business name register)

ABN of employer

ACN

Name of trust (if applicable)

Trust ABN

Trading name (if applicable)

Contact name

Work phone number

Email

Postal address

Suburb

State

Postcode

Street address (if different to postal address)

Suburb

State

Postcode

**2. Employer policy**

WC policy number

Policy commencement date (current renewal year)

Group number (if known)

The date this employer became related to other members of group (eg date of purchase)

Reason for becoming related (eg new business, shareholding, acquisition etc)

**Aligning your policy with the rest of the group:** Under the *Workers Compensation Act 1987* (WC Act), an employer that is a member of a group must have the same policy renewal date as other members of the group.

If your policies are not aligned, contact **icare** to align your policies.

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**3. Group contact details** (Name of the person authorised (if any) as a central contact point for the group as a whole)

Group contact name

Position title

Postal address

Suburb

State

Postcode

Work phone number

Email

**4. Group employers** (Identify all other employers in your group. If more space is required, complete details on a separate sheet and attach it to this document). Before you complete section 4, refer to the explanatory notes for information on the meaning of 'group' (as expressed in part 7 of the WC Act).

Legal name of employer

ABN of employer or trustee

**5. Group policy details** (Policies must be aligned to an existing renewal date of one of the policies in the group).

Proposed renewal date for group policies

**6. Declaration** (This form must be completed by an authorised office-holder of the employer, and not an employer agent or broker).

I, \_\_\_\_\_ PRINT NAME  
declare that, to the best of my knowledge, the information provided in this form is true and correct in every particular.

Signature \_\_\_\_\_ Date (DD/MM/YYYY)

Position/title

**Note: icare workers insurance** collects the above information from related employers for the purpose of calculating the workers compensation premium of an employer who is a member of a group.

This information may also be disclosed to the Chief Commissioner of State Revenue under section 243 2(b) of the *Workplace Injury management and Workers Compensation Act 1998* (WIMWC Act).

**Section 4 – Who should register for grouping?**

Grouping applies to related employers that hold workers compensation policies in NSW and who have combined wages over the prescribed amount, including not-for-profit employers and employers eligible to be grouped for payroll tax.

Part 7 of the WC Act provides the grouping principles on which workers compensation grouping provisions are based. Employers may be related for grouping through commonly controlled businesses, through the use of common employees, or through tracing of interests in corporations.

The following employers are not required to be grouped:

- Self-insurers
- Government departments
- Members of a group where the total group wages payable to workers does not exceed the prescribed amount. Details of the prescribed amount for grouping may be viewed at [www.icare.nsw.gov.au](http://www.icare.nsw.gov.au).

Under the WC Act, if an employer who is a member of a group fails to pay a workers compensation premium, every continuing member of the group is liable jointly and severally to pay the amount.

Full details about grouping provisions under the WC Act may be viewed at [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au).