



# Workers' Compensation Policy Cancellation Request

Under the *Workers' Compensation and Injury Management Act 1981*, all employers in WA are required to hold a workers' compensation insurance policy.

### Explanatory notes:

- Completion of **ALL** questions is mandatory.
- A request to cancel a policy must be completed by the policy holder or employer's authorised representative. Policy cancellations must be authorised by WorkCover WA.
- A workers' compensation policy is still required if you are employing/engaging workers (refer 1. b-f). Insurance cover is optional for working directors.
- For further information please visit [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au) or contact WorkCover WA's Advice & Assistance Line 1300 794 744.

Policy Number: ..... WorkCover Number (WCN): .....

Business Legal Entity name: .....

Business Trading name: .....

Business/Director Owner (full name): .....

Business address: .....

Phone: ..... Email: .....

### 1. Is the policy holder of the above business **currently** employing or engaging the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Working directors (cover is optional)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Full time/part time workers               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Casual/seasonal workers                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Family members                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Recruitment agency or labour hire workers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Contractors/sub-contractors               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Are you likely to employ in the future?  Yes  No Date: ..... / ..... / .....

### 3. Please tick the primary reason for cancelling the policy (tick one):

- No longer employing as from date:** ..... / ..... / .....
- Business has been sold** Settlement date: ..... / ..... / .....
- Please provide legal entity name of new owner:
- Name: ..... Phone: ..... Email: .....
- Business closed as from date:** ..... / ..... / .....
- Insurance has been placed elsewhere**  
(An Insurer issued Certificate of Currency must be attached for the new policy)
- Change in policy details** (e.g. legal entity name or policy holder. Replacement insurer issued Certificate of Currency must be attached)
- Business is under Administration** (Please attach the Administrator's Certificate of Currency)
- Business is in Liquidation**  
(Where the business is in liquidation, evidence of the liquidation must be attached.  
*Please note that this cancellation declaration must be signed by the liquidator*)

### 4. Declaration

I, the employer or employer's authorised representative, declare that the information stated above is true and correct. In the event the employer engages a worker(s) in the future, their legal obligation to hold workers' compensation insurance is understood.

Name: ..... Position Title: .....

Organisation: ..... Signature: ..... Date: .....