



## EMPLOYER POLICY CANCELLATION REQUEST FORM

DO NOT complete this form until the policy holder has ceased employing in Western Australia, or a new policy is in place.

POLICY DETAILS	
If there is more than one policy holder insured und is the same for all, you must attach a list of all policy	der the policy <b>and</b> the reason for coverage cancellation cy holders and their ABNs.
Policy number:	
Australian Business Number (ABN):	
Full legal name of policy holder:	
SELECT THE REASON FOR POLICY CANCELLATION	
A current policy of workers compensation insurance defined under the <i>Workers Compensation and Injury</i>	ce is required if the policy holder employs 'workers' as ary Management Act 2023.
1. CEASED EMPLOYING	
Date the policy holder ceased employing in Weste	rn Australia:
Business status: $\square$ Closed $\square$ Still trading $\square$ No	t running a business □ Restructured (A) □ Sold (B)
A. IF BUSINESS RESTRUCTURED	
Complete if the policy holder no longer employs be	ecause the business trades under a new ABN.
New ABN the business trades under:	
New insurer policy no.:	Start date:
B. IF BUSINESS SOLD	
Date the new owner took over the business:	ABN:
Legal name of new business owner:	
Email:	Phone:
2. INSURED ELSEWHERE	Must attach Certificate of Currency
New policy no.:	Start date:
AUTHORISED REPRESENTATIVE DETAILS	
Name:	D141 441
INAILIG.	Position title:
Organisation:	Phone:
Organisation:	
Organisation:  Email:  DECLARATION  I, the employer or employer's authorised represen and correct. In the event the employer engages a workers compensation insurance is understood. I employer engages are understood. I employer engages are lam authorised to complete this form on be linsurer issued Certificates of Currency are I understand that under the provisions of the	Phone:  tative, declare that the information stated above is true worker(s) in the future, their legal obligation to hold declare that:  ehalf of the policy holder.