

Workers compensation insurance is required if employing 'workers' as defined under the *Workers Compensation and Injury Management Act 2023*. Workers includes full-time, part-time, casual and seasonal workers, paid family members, workers on commission, piece workers and in some circumstances may include contractors and subcontractors. Coverage is optional for working directors. **Penalties apply for failure to hold cover.**

Note: If requesting cancellation for multiple entities, the same form may be used if the reason for cancellation is the same. An additional request form is required for each entity with a different reason for cancellation.

1. CANCELLATION DETAILS

Select applicable:

I would like to cancel the policy.

Policy Number:

Insured legal entity name:

Insured ABN or WPN:

Is there more than one entity insured under the policy? Yes No

➤ If Yes cover will be cancelled for **all** entities. You must list all insured entities in **Annex A**.

OR

I would like to remove one or more policy holders from a joint policy.

Policy Number:

Details of entity to be removed

Legal entity name:

ABN:

Are you requesting removal of more than one entity? Yes No

➤ If Yes you must list all entities to be removed in **Annex B**.

2. REASON FOR CANCELLATION

Select applicable:

Insured elsewhere ➤ **Go to 3**

Ceased employing

Date ceased employing in WA:

Reason:

Working directors only

Trading but not employing

Business closed

In liquidation/administration

📎 Attach Notice of liquidation/administration.

Business sold or restructured

➤ **Go to 4**

Other:

3. INSURED ELSEWHERE

Only complete if reason for cancellation is insured elsewhere.

New policy number:

Policy start date:

 You must attach a Certificate of Currency for the new policy.

4. BUSINESS SOLD OR RESTRUCTURED

Only complete if business sold or restructured.

Select applicable:

Business sold Settlement date:

Business restructured Restructure date:

 If restructured, you must attach a Certificate of Currency for new employing entity.

Provide new employer details:

Legal entity name:

ABN:

Contact name:

Contact email:

Contact phone:

5. DECLARATION

I declare that:

- I am authorised to complete this form on behalf of the policy holder.
- I understand the legal obligation to hold a policy of workers compensation insurance if employing 'workers' as defined under the *Workers Compensation and Injury Management Act 2023*.
- I understand failing to provide required information or providing false or misleading information is an offence.
- The information stated above and if applicable, in the annex, is true and correct.

Signature:

Date:

Name:

Relationship to legal entity:

Contact email:

Contact phone:

ANNEX A: LIST OF ALL INSURED ENTITIES FOR CANCELLATION

Only required if requesting cancellation of a policy covering multiple entities.

1. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
2. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
3. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
4. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
5. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>

If more space is required, attach a list of legal entity names and ABNs labelled **Annex A**.

ANNEX B: LIST OF ALL ENTITIES FOR REMOVAL

Only required if requesting removal of more than one entity from a policy.

1. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
2. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
3. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
4. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>
5. Legal entity name:	<input type="text"/>
ABN:	<input type="text"/>

If more space is required, attach a list of legal entity names and ABNs labelled **Annex B**.