

Form 504 is used to request additions or updates to existing employer details and employer-related entities (e.g. business names, trusts, and partners) linked to a WCN.

Insurers must email the completed forms to dataqualitycoding@workcover.wa.gov.au.

Do not use this form to remove an employer. To cancel a policy or remove an employer's coverage, log in to WorkCover WA Online and select Policy Cancellations.

SECTION A – INSURER CONTACT DETAILS

Insurer: _____ Date submitted: _____

Contact person: _____

Phone: _____ Email: _____

SECTION B – POLICY AND WORKCOVER NUMBER

Policy number: _____ WorkCover Number: _____

SECTION C – SUPPORTING EVIDENCE

A system report, screenshot, or Certificate of Currency showing the details previously reported to WorkCover WA for this policy must be submitted with the Form 504.

Additional evidence may be requested by WorkCover WA where the information provided in the Form 504 cannot be confirmed.

SECTION D – MODIFICATIONS REQUESTED

Complete only the subsections that apply to the employer or employer-related entities you are updating. If there is insufficient space, attach a separate document with the additional details.

SUBSECTION D1 – UPDATE EXISTING NAMES

Use this subsection to update an employer or employer-related entity name where the ABN, ACN or ARBN remains unchanged. Names must match the details recorded in ABN Lookup or ASIC Connect.

Current name: _____

Current ABN: _____ Current ACN: _____ Current ARBN: _____

Updated name: _____

Is this a change to the Legal or Trading name? Legal Trading Effective date: _____

Current name: _____

Current ABN: _____ Current ACN: _____ Current ARBN: _____

Updated name: _____

Is this a change to the Legal or Trading name? Legal Trading Effective date: _____

Current name: _____

Current ABN: _____ Current ACN: _____ Current ARBN: _____

Updated name: _____

Is this a change to the Legal or Trading name? Legal Trading Effective date: _____

SUBSECTION D2 – ADD EMPLOYER OR EMPLOYER RELATED ENTITIES

Use this subsection to add a new employer or employer-related entity to the policy.

An effective date of coverage (the date coverage commenced) is required when adding an employer or a trust. An effective date is not required when adding business names or partners.

If adding a trust, the trustee must already exist on the policy, otherwise the trustee must be added at the same time. Trusts have their own ABN.

Business names and partners use the ABN of the related employer.

Legal name: _____

Trading name (if applicable): _____

ABN: _____ ACN: _____ ARBN: _____

Effective date: _____

Legal name: _____

Trading name (if applicable): _____

ABN: _____ ACN: _____ ARBN: _____

Effective date: _____

Legal name: _____

Trading name (if applicable): _____

ABN: _____ ACN: _____ ARBN: _____

Effective date: _____

SUBSECTION D3 – REPLACE A TRUSTEE

Use this subsection to replace a trustee for a trust, where the trust remains the same. This subsection does not apply where the trust changes. If the change involves a different trust, a new policy and WCN are required.

An effective date of coverage is required. If the change involves more than one trustee, attach details identifying trustees to be removed and added. Where a trustee is a company, the ACN must be provided.

If the outgoing trustee has its own ABN and is an employer in its own right, the record will remain active. If the outgoing trustee is no longer required to be covered in its own right, an Employer Policy or Coverage Cancellation Declaration is required to remove that coverage.

Current trustee: _____

Current ABN: _____ Current ACN (if trustee is a company): _____

New trustee: _____

New ABN: _____ New ACN (if trustee is a company): _____

Effective date: _____

SUBSECTION D4 – EMPLOYER RESTRUCTURE

Use this subsection to report an employer restructure where there is no change to responsible officers.

This includes restructures such as a sole trader converting to a company where the sole trader is the only director, or a partnership converting to a company where all partners become directors. This may also include a company transitioning to act as trustee of a trust, where responsible officers remain unchanged.

If the restructure results in new responsible officers being introduced, or existing responsible officers no longer being involved, a new WCN and policy are required.

Supporting evidence may be requested by WorkCover WA to confirm continuity of responsible officers or clarify the restructure.

Current employer: _____

Current ABN: _____ Current ACN: _____ Current ARBN: _____

New employer: _____

New ABN: _____ New ACN: _____ New ARBN: _____

Effective date: _____

SUBSECTION D5 – ERROR IN EMPLOYER DEFINITION

Use this subsection to correct an error where an employer or employer-related entity was incorrectly recorded against a WCN. This includes errors made when the WCN was initially created or identified at a later time.

Supporting documentation must be provided showing the previously reported details and the corrected information.

An effective date is required to reflect when the correction should apply.

Current entity: _____

Current ABN: _____ Current ACN: _____ Current ARBN: _____

Correct entity: _____

Correct ABN: _____ Correct ACN: _____ Correct ARBN: _____

Effective date: _____