

# Employer Proposal Form

The WageCare Group Income Protection product is issued by AIA Australia Limited (ABN 79 004 837 861, AFSL 230043) (AIA). It is distributed and administered by Coverforce Pty Limited (ABN 31 067 079 261).

## Insurance cover includes:

- ▶ Injury cover
- ▶ Illness cover
- ▶ Death Expenses Benefit
- ▶ Death cover
- ▶ Homemaker assistance
- ▶ Rehabilitation assistance
- ▶ Return to work assistance
- ▶ Cover Whilst Changing Jobs

## How do I join WageCare?

### Provide your employer information:

Complete the employer information section of this proposal in full and return the proposal to Coverforce.

### Provide your employee and payroll information:

Coverforce will notify you (the employer) when you are required to provide us with your employee and payroll details (Payroll Number, Surname, First Name, Date of Birth, Address, Suburb, State, Postcode, Employment Start Date, Employment End Date And Total Gross Remuneration). These details can be provided by:

- > completing the employee and payroll information section of this proposal form;
- > in an excel spreadsheet; or
- > where required, as an extract directly from your payroll system in .csv or .xls file format.

### Receive your monthly premium statement:

Once we have received your employee and payroll details, Coverforce will send you (the employer) a monthly premium statement showing the total premium payable.

### Your cover commences when:

- > You (the employer) have provided your completed proposal form to Coverforce and received a monthly premium statement.
- > The first premium due has been paid or we have accepted a deposit premium.
- > We have advised you (the employer) in writing that we have accepted your application. This advice is called a "Confirmation of Cover". Your Confirmation of Cover will include all the relevant policy terms and conditions, show the details of your cover and advise the date that cover for your insured employees commenced.

## How are monthly premiums paid?

Monthly premiums are payable in arrears and calculated as a percentage of claimant's total income. The percentage used is agreed between AIA and Coverforce and will be provided to you before you become a participating employer. Premiums for the previous month are due by the 15th day of the subsequent month.

Before the first business day of each month Coverforce will request the prior month's payroll information from you in electronic format. The information should be easily obtainable from your payroll system and downloaded to an excel spreadsheet.

The information will reflect the payroll history of the prior month and will be used to determine the total premium payable. Within 48 hours of Coverforce receiving your payroll information you will be issued a WageCare monthly premium statement.

The WageCare monthly premium statement sets out:

- > employees covered under WageCare;
- > period of coverage;
- > type of coverage including any special conditions or policy endorsements;
- > amount of premium due;
- > due date for payment; and
- > payment instructions.

The premium payable is calculated as a percentage of your employees' salaries and the number of eligible employees insured. If you do not pay the premium when due then cover may cease and your employees may not be covered by WageCare.

## Important notice regarding non-payment of instalment premiums

If at the time of making a claim under this policy it is found that the installment premium has remained unpaid for a period of thirty (30) days or more past the premium due date, then you or an insured person will not be able to make a claim under this policy. If premiums remain in arrears for a further period of thirty (30) days or more we may cancel this policy immediately by giving you written notice.



# Employer Proposal Form *Cont.*

---

## 4. Claim Payments Contact Details

Name:

Phone:

Mobile:

Email:

## 5. Claims Payments Instructions

In the event that an employee is entitled to benefits from WageCare, those benefits should be paid to the:

employee    employer

If you have elected EMPLOYER, please provide bank details for claim payments below.

Account name:

BSB:

Account number:

## 6. Your Current Workers Compensation Policy

Insurer:

Policy number:

Expiry date:

State held:

## 7. EBA Details

Please indicate the date that your current EBA expires:

What unions are party to the EBA? Please provide details:

## 8. WageCare Policy Commencement Date

Please indicate the date and time that you wish this insurance cover to commence:

## 9. Mental Health Benefit Cover

Will you require a quote to be provided which includes the Mental Health Benefit option for your consideration?

yes    no

*Please see next page for Section 2: Important Notices.*

## Section 2: Important Notices

### Privacy Statement

We are subject to the Australian Privacy Principles as per the *Privacy Act 1988 (Cth)* (the Act). We collect your personal information to enable us to provide, offer and administer our products and services or otherwise as permitted by law. Reasons for collection include, but are not limited to, responding to your enquiries, providing you with assistance you request us, maintaining and administering our products and services (for example processing requests for quotes, applications for insurance, offering insurance terms and any other purpose identified at the time of collecting your information). We may be required to disclose your information to third parties to assist with your insurance needs (this can include disclosure to an overseas insurer such as Lloyd's of London or insurer).

You can read more about how we collect, use and disclose your personal information through requesting a copy of our Privacy Policy from our privacy officer on **02 9376 7888** or accessing our website at **coverforce.com.au**.

Signature:

Date (DD/MM/YY):

### Authority and Declaration

I/We hereby authorise My/Our Workcover Fund Manager to furnish Coverforce or its representative(s) with any and all Information as Coverforce deem necessary in respect to any injury sustained by any of My/Our employees which is likely to give rise to a claim under this insurance, the subject of this proposal form.

- > The information provided in this proposal form is in every respect true and complete.
- > I have the authority to apply for cover on behalf of the organisations employees.
- > I agree that upon acceptance, the insurance cover shall be subject to the Policy terms and conditions.
- > We understand that any Policy arranged by Coverforce vests absolutely in Coverforce.

I/We agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

Name:

Position held:

---

### Returning Your Form

Please make a copy for your own records and return the completed document to:

#### WageCare

wagecare@coverforce.com.au  
F 02 9223 1333

Locked Bag 5273  
Sydney NSW 2001

**Please check you have correctly filled out all sections and saved the document before submitting the form**

### Contact Coverforce

#### Coverforce Pty Limited

ABN 31 067 079 261 | ACN 067 079 261 | AFSL 238874

wagecare@coverforce.com.au  
coverforce.com.au

Level 26, Tower One  
International Towers Sydney  
Barangaroo NSW 2000

Locked Bag 5273  
Sydney NSW 2001

P 02 9376 7800  
F 02 9223 1333