

Workers' Compensation and Rehabilitation Act 2003

Name of self-insurer (licence name):

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1. Makes application to add/remove:

Full name of entity to be added to or removed from licence and its A.B.N. number

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Principal place of business of entity to be added to or removed from licence

as a member of the \_\_\_\_\_ self-insurance licence;

- 2. Certifies that the information contained in this application and the responses to Schedules is, to the best of the applicant's knowledge and belief, true and correct;
- 3. **If an application to add a member:** if Q-COMP gives its written consent and the applicant employer becomes a member of the licence, agrees to be bound by the conditions of licence and agrees to meet all of its statutory obligations as a member of the licence.

### Company/statutory corporation/local authority

This application is made by **and** is signed for, and on behalf of,

Name of self-insurer (licence name)

by \_\_\_\_\_ being \_\_\_\_\_  
Name of person signing form Position of person signing form

**who** solemnly declares that;

- (a) he/she is duly authorised to make this application on behalf of the self-insurer; and
  - (b) the information contained in this application and the enclosures and annexures to this application is true and correct;
- and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

Declarant

Declared and signed by the above named declarant before me

\_\_\_\_\_  
Name of solicitor or justice of the peace who  
witnesses the declaration

**this** \_\_\_\_\_ **day** of \_\_\_\_\_  
Date Month and year

Justice of the peace/solicitor

### Acknowledgement by entity to be added to or removed from licence

The undersigned acknowledges this application has been made to add / remove,

Full name of entity to be added to or removed from licence

**Signed by** \_\_\_\_\_ **being** \_\_\_\_\_  
Name of person signing form Position of person signing form

Representative

## Schedules for adding a member

Please provide the following information about the entity to be added as a member of the group licence.

### 1. Corporate information

- 1.1 The full legal name of the entity to be added.
- 1.2 The registered address and Australian Company/Business Number (A.C.N. and A.B.N.).
- 1.3 The main physical Queensland address, postal address, telephone number and email address.
- 1.4 Details of all directors, including full name and address.
- 1.5 Details of the company secretary, including full name and address.
- 1.6 Number of fulltime workers employed in Queensland (using the calculation method in section 73 of the Act).
- 1.7 The nature of the entity's business.
- 1.8 Provide all current and previous (including cancelled and archived) WorkCover Queensland policy number/s for the entity to be added. This is applicable where liabilities will transfer from WorkCover to self-insurer.
- 1.9 Provide a certified copy of the entity's Certificate of Incorporation and a copy of the Memorandum and Articles of Association/Constitution and Replaceable Rules.
- 1.10 State whether the Memorandum and Articles of Association/ Constitution and Replaceable Rules or any legislation prevents the entity from self-insuring for workers' compensation, including unlimited liability at common law.
- 1.11 The date that the self-insurer acquired the entity.

### 2. Financial information

- 2.1 Certify the value of the entity's net tangible assets.
- 2.2 Provide copies of the entity's annual reports and audited financial statements for the past 5 years.

### 3. Claims management

- 3.1 Provide confirmation that procedures, systems and administrative facilities for the management of the entity's claims will be the same as those which currently apply to the other members of the group under the self-insurance licence. If not, provide full details of proposed changes.
- 3.2 Provide confirmation that data in relation to the entity's claims will be supplied in accordance with Q-COMP's *Workers' Compensation Insurers' Interface Data Specifications*.

### 4. Workplace rehabilitation

- 4.1 List all of the entity's workplaces in Queensland.
- 4.2 Does the entity have Q-COMP registered rehabilitation and return to work coordinators and, if so, provide details i.e. full name, date of birth, registration number and registration expiry date.
- 4.3 Is the entity an accredited employer for workplace rehabilitation and, if not, whether the workplace has workplace rehabilitation policies and procedures.

### 5. Education and consultation

- 5.1 Provide evidence of how the entity has made all of its workers aware of this application being lodged.
- 5.2 Provide evidence of the response from the entity's workers (i.e. from employee groups or unions representing the workforce) indicating their attitude to the intention to become a member of the self-insurance licence.
- 5.3 Outline how the self-insurer intends to educate the entity's workers in relation to the processes for making claims, providing access to claim forms and communicating about workers' compensation matters.

### 6. General information

- 6.1 Nominate the actuary who will be undertaking the calculation of the amount of total liability for this change of membership.

## Schedules for removing a member

Please provide the following information about the entity to be removed as a member of the group licence.

### 1. Corporate information

- 1.1 The full legal name of the member to be removed.
- 1.2 The registered address and Australian Business Number.
- 1.3 Number of fulltime workers employed in Queensland (using the calculation method in section 73 of the Act).

### 2. Financial information

- 2.1 Certify the value of the removing member's net tangible assets.

### 3. Other information

- 3.1 The full legal name of the purchaser.
- 3.2 All trading names of the purchaser (if known).
- 3.3 The registered address and Australian Business Number of the purchaser.
- 3.4 The effective date of sale, i.e., the date that assets and/or liabilities transferred to the purchaser and the self-insurer ceased to employ workers.

### 4. Education and consultation

- 4.1 Provide evidence of how the entity has made all of its workers aware of this application being lodged.
- 4.2 Outline how the self-insurer intends to educate the entity's workers in relation to the changed processes for making claims, where to access claim forms and communicating about the future workers' compensation arrangements.

### 5. General information

- 5.1 Nominate the actuary who will be undertaking the calculation of the amount of total liability for this change of membership.