

To exclude related employers from grouping provisions for the purpose of workers insurance premium assessment.

**ONLY USE THIS FORM IF YOU HAVE ALREADY REGISTERED FOR GROUPING.**

Return completed form by email: [premium.services@icare.nsw.gov.au](mailto:premium.services@icare.nsw.gov.au)

## Exclusion from grouping form

Sections 175E and 175F of the *Workers Compensation Act 1987* (WC Act) provide for the exclusion of certain employers from grouping. In certain circumstances, some employers that are grouped on the basis of common workers or commonly controlled businesses, or who are not-for-profit and not in direct competition with any for-profit organisation, may be eligible for exclusion from grouping.

Further information on grouping and exclusion from grouping under the WC Act can be viewed at [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au).

What is the basis for applying for exclusion? (Please tick relevant box)

- Member of a group arising under section 175N of the *Workers Compensation Act 1987* (WC Act) (primary groups arising from the use of common workers).
- Trustee of a trust and a member of a group arising under section 175O of the WC Act (primary groups of commonly controlled businesses).
- Not-for-profit organisation having as one of its objects a charitable, benevolent, philanthropic or patriotic purpose, and not in direct competition with any for-profit organisation.

## Employer details

By completing this form, you confirm that you are authorised to act on behalf of the group and the relevant employer(s) listed below.

Please provide the below information in relation to the policy/ies you would like to exclude (if required provide an attachment with further details).

Group number

Policy number	Legal name of employer	ABN/ACN trust details	Contact details (name, title, email & phone number)

Please provide the following details for each relevant employer(s), as applicable (if required provide an attachment with further details)

## 1. Not for Profit Activity

Exclusion from grouping for not-for-profit employers will only be approved where the employer is not in direct competition with the for-profit sector

- What are your business activities that have a charitable, benevolent, philanthropic or patriotic purpose?
- What market do you compete with?
- Name other employers who provide the same service(s) in the area(s) that you serve?
- What are your sources of funding?
- How are these funds used and distributed by your business?
- Provide a copy of your constitution or governing rules showing non-profit clause and dissolution clause

**OR**

Australian Tax Office letter of endorsement showing that your organisation, or part of it, is recognised as a deductible gift recipient (DGR), charitable institution, public benevolent institution or not-for-profit employer.

## 2. Common Workers

Provide details of your business operation in relation to common workers

- In respect of each common worker, describe the activities or services performed by the common worker for each group business
- Specify the proportion of duties and time spent by the common worker in connection with each business
- Why is an exclusion from grouping being requested?
- Provide a copy of any written agreement, arrangement or undertaking evidencing the use of common workers, including for the supply of goods or services

### 3. Commonly Controlled Businesses

Exclusion from grouping for commonly controlled businesses will only be approved where an employer carries on a business as trustee of a trust. Provide details of your business operation in relation to the activities and interaction between the commonly controlled entities

- What are the entity structures? (for example, sole trader, partnership, corporation, trust)
- Describe the activities for each business and the services provided, including services provided to related businesses
- How is the controlling relationship established?
  - If any of the businesses are carried on by one person, provide details of the owners of the business.
  - If any of the businesses are carried on by a partnership, provide details of the partners; the percentage of each partner's ownership/investment in capital; the percentage of each partner's entitlement to profits; and a copy of any partnership agreement etc.
  - If any of the businesses are carried on by a corporation, provide details of the directors; the shareholders; the percentage of voting rights by the directors and shareholders; and a copy of any Company Constitution, shareholder agreement etc.
  - For businesses carried out under a trust, provide details of the form of trust (for example, discretionary or otherwise); the trustee(s); beneficiaries, entitlement to profits or capital distributions; and a copy of the trust deed etc.
- Describe how the businesses are operating substantially independently of each other
- Why is an exclusion from grouping being requested?

### Declaration

This form must be completed by an authorised office-holder of the employer, and not an employer agent or broker.

I,  (enter name)  
declare that, to the best of my knowledge, the information provided in this form is true and correct in every particular.

Signature

Date (DD/MM/YY)

Position/title

**Note:** icare workers insurance collects the information from related employers for the purpose of calculating the workers compensation premium of an employer who is a member of a group.

This information may also be disclosed to the Chief Commissioner of State Revenue under section 243 2(b) of the *Workplace Injury Management and Workers Compensation Act 1998* (WIMWC Act).