

Grouping registration form

Who should register for grouping?

Grouping applies to related employers that hold workers insurance policies in NSW and who have combined wages over the prescribed amount, including not-for-profit employers. Grouping may also apply to employers eligible to be grouped for payroll tax.

Part 7 of the *Workers Compensation Act 1987* (the Act) provides the grouping principles on which workers insurance grouping provisions are based. Employers may be related for grouping through commonly controlled businesses, through the use of common employees, or through tracing of interests in corporations.

The following employers are not required to be grouped:

Self-insurers

Legal name of employer

(as per ASIC business name register)

- Government departments
- Members of a group where the total group wages payable to workers does not exceed the prescribed amount.

Details of the prescribed amount for grouping may be viewed at www.icare.nsw.gov.au.

Under the Act, if an employer who is a member of a group fails to pay a workers insurance premium, every continuing member of the group is liable jointly and severally to pay the amount.

Full details about grouping provisions under the Act may be viewed at www.legislation.nsw.gov.au.

Return completed form by email to premium.services@icare.nsw.gov.au

Your reason for registering to group
Primary group arising from related corporations within the meaning of the <i>Corporations Act 2001</i> of the Commonwealth (section 175M of the Act).
Primary group arising from the use of common employees (section 175N of the Act).
Primary group of commonly controlled businesses (section 1750 of the Act).
Primary group arising from tracing of interests in corporations (section 175P of the Act).
Group details
Policies will be aligned to the existing renewal date of the group. Under the Act, an employer that is a member of a group must have the same policy renewal date as other members of the group.
Group number (if known)
Please list the related entities of the group below* (you cannot register for a group without a policy number):

or trustee

ABN or ACN of employer

Policy number

^{*}If you have more than 4 related entities please attach separately

Name of the person authorised (if any) as a cent	tral contact point fo	r the group as a w	vhole	
Group contact name	Position title	Position title		
Postal address				
Culturals		Chaha	Destands	
Suburb		State	Postcode	
Work phone number Email				

Note: icare workers insurance collects the information from related employers for the purpose of calculating the workers insurance 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).