

# Employer Proposal Form

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## Insurance cover includes:

- ▶ Injury cover
  - ▶ Illness cover
  - ▶ Funeral cover
  - ▶ Death cover
  - ▶ Homemaker assistance
  - ▶ Rehabilitation assistance
  - ▶ Return to work assistance
  - ▶ Extended between job cover
- 

## How do I join PayCover?

### 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 employee's commenced.
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## How are monthly premiums paid?

Monthly premiums are payable in arrears and calculated as a percentage of an insured employee's total income. The percentage used is agreed between Hannover 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 PayCover monthly premium statement.

The PayCover monthly premium statement sets out:

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

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# Employer Proposal Form *Cont.*

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## Section 1: Employer Information

### 1. Organisation Details

Company name:

ABN: ACN: Business type: Other (please specify below):  
Company  
Partnership  
Sole Trader

Project/site name:

Number of employees to be insured: Estimated total annual payroll:

Nature of business:

Mailing address:

Suburb: State: Postcode:

Registered address:

Suburb: State: Postcode:

### 2. Main Contact Details

Name: Phone: Fax:

Email: Mobile:

### 3. Payroll and Premium Payment Contact Details

Name: Phone: Fax:

Email: Mobile:

# Employer Proposal Form *Cont.*

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## 4. Claim Payments Contact Details

Name:

Phone:

Fax:

Email:

Mobile:

## 5. Claims Payments Instructions

In the event that an employee is entitled to benefits from PayCover, 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. PayCover Policy Commencement Date

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

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

## Section 2: Important Notices

### Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website [coverforce.com.au](http://coverforce.com.au) or alternatively contact our Privacy Officer on **02 9376 7888**.

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:

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### Returning Your Form

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

**PayCover**

paycover@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 Ltd**

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

**paycover@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