

Exclusion from Grouping Form – to exclude related employers from grouping provisions for the purpose of workers compensation premium assessment.

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

A separate form is required for each employer applying for exclusion.

Return completed form by

**Email:** [premium.services@icare.nsw.gov.au](mailto:premium.services@icare.nsw.gov.au)

**Post:** Premium Services, Locked Bag 2906, Lisarow, NSW 2252.

## 1. Employer's details

Legal name of employer (as per ASIC business name register)

ABN of employer

ACN

Name of trust (if applicable)

Trust ABN

Trading name (if applicable)

Contact name

Work phone number

Email

Postal address

Suburb

State

Postcode

Street address (if different to postal address)

Suburb

State

Postcode

**2. Group employers** (Before you complete section 2, refer to the notes below).

Identify all other employers in your group. If more space is required, complete details on a separate sheet and attach it to this document.

Legal name of employer

Group number (if known)

Policy number

ABN of employer or trustee

**3. Basis of application for exclusion from grouping** (Before you complete section 3, refer to the notes below).

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 employees). **Please go to question 4.**

Trustee of a trust and a member of a group arising under section 1750 of the WC Act (primary groups of commonly controlled businesses). **Please go to question 5.**

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. **Please go to question 6.**

**4. Common employees** (Provide details of your business operation in relation to common employees. If more space is required, complete details on a separate sheet and attach it to this document).

**Business details**

Number of common employee(s)

Activities and/or services provided by the common employee(s)

Describe how the common employee(s) duties are apportioned between the businesses

Describe how the common employee(s) remuneration is apportioned between the businesses

**Documentation**

You must attach supporting evidence:

1. Employment contracts.
2. Agreement(s) in relation to the use of common employee(s).
3. Documentation to support the allocation of labour and/or remuneration between businesses.

**5. Commonly controlled businesses** (Provide details of your business operation in particular the activities and interaction between the trustee of the trust and the group and the grounds on which the exclusion is sought. If more space is required, complete details on a separate sheet and attach it to this document).

**Business details**

Business type (please tick relevant box)

Individual

Partnership

Corporation

Describe your business activities and the services provided

Details of shareholding and directorships (where applicable)

Nature of ownership and details of the controlling interests

How are profits distributed?

Describe how the businesses are operating substantially independently of each other

**Documentation**

You must attach supporting evidence:

1. Details of grouping structure including information about the controlling interests and/or profit distributions.
2. Copy of the trust deed.

**6. 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. Provide details of your business in relation to its not-for-profit status and activity. If more space is required, complete details on a separate sheet and attach it to this document).

**Business details**

Are you a not-for-profit employer? (please tick relevant box)

Yes

No

Business type. Describe your business activities and the services provided.

What is your target market?

Do you compete with any for-profit employers? (please tick relevant box)

Yes

No

If yes, give details

Main business location

Location(s) of activities, which occur away from the main business location

Name other employers providing the same service in the area(s) that you serve

Sources of funding

How are funds distributed?

### Documentation

You must attach evidence of your not-for-profit status. Either:

1. A copy of your constitution or governing rules showing non-profit clause and dissolution clause, or
2. Australian Tax Office (ATO) letter of endorsement showing that your organisation, or part of your organisation, is recognised as a deductible gift recipient (DGR), charitable institution, public benevolent institution, or not-for-profit employer etc.

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

I, PRINT 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/YYYY)

Position/title

**Note: icare workers insurance** collects the above 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).

### Explanatory notes

#### Section 2 - Group Employers

Part 7 of the WC Act provides the principles of grouping.

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

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
- 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](http://www.icare.nsw.gov.au).

#### Section 3 - Basis of application for exclusion from grouping

The WC Act section 175F provides for exclusion of certain employers from grouping. In certain circumstances, some employers that are grouped on the basis of common employees 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).