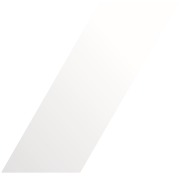
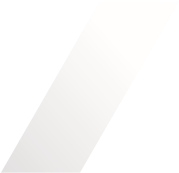
The *Declaration of Compliance* is a self-assessment undertaken by an insurer who has a licence to insure employers against the employers’ liabilities, referred to in *section 97* of the *Workers Rehabilitation and Compensation Act 1988 (the Act)*.

In accordance with *section 102* of *the Act*, the WorkCover Tasmania Board (the Board) imposes conditions upon licensed insurers. WorkSafe Tasmania (WorkSafe) administers the regulatory functions on behalf of the Board.

*Licence Condition 1.2* requires licensed insurers to complete an annual *Declaration of Compliance* and submit it to WorkSafe on or before 31 August each year. The *Declaration of Compliance* must be provided in the format as approved by the Board and must be signed by the insurer’s authorised senior manager.



Licensed Insurer

Declaration of Compliance – Licence Conditions

|  |  |
| --- | --- |
| Insurer Name: |  |

|  |  |
| --- | --- |
| Name and position of authorised Senior Manager completing the declaration: |  |

|  |  |  |
| --- | --- | --- |
| 1. Has there been any corporate changes that require reporting to the Board as set out in licence condition 1.8? If so, have these been reported to the Board, at least 14 days prior, to the change occurring? | Yes | No |
| If no, provide explanation: | | |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer been required to notify the Board in writing in respect to any actions taken by Australian Prudential Regulation Authority as set out in licence condition 1.5 and 1.6? | Yes | No |
| If yes, provide details: |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer complied with all licence conditions in this reporting year? | Yes | No |
| If no, provide details of any non-compliance/s and action taken to address the non-compliance/s: | | |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer been the subject of any WorkSafe Tasmania action in respect to any breaches of the *Workers Rehabilitation and Compensation Act 1988*? | Yes | No |
| If yes provide details of the breach/es and action/s taken to address the breach/es: | | |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer maintained a record of all disputes/complaints and their resolutions/outcomes and complied with internal and external disputes/complaints resolution policies and procedures? | Yes | No |
| If no, provide details: | | |
|  | | |
| 1. Has the insurer breached any provision of the *Privacy Act 1988* or the *Personal Information Protection Act 2004 in relation to its acivities as a licenced insurer?* | Yes | No |
| If yes, provide details of the breach and action/s taken to address and/or remedy the breach: | | |

|  |  |  |
| --- | --- | --- |
| 1. Has there been any instance of conflict of interest, real or perceived, identified in the last 12 months? If so, was it reported to the Board within 14 days, as required by licence condition 6(ii) and did the report contain details of action being taken to manage the conflict? | Yes | No |
| If no, provide details: | | |

|  |  |  |
| --- | --- | --- |
| 1. (a) Has the insurer reviewed its approved Injury Management Program within the previous 12 months to ensure consistency with legislation, Injury Management Program Guidelines issued by the Board and the insurer’s current claims and injury management practices? 2. Has the insurer provided employers with sufficient information in respect to its approved Injury Management Program to ensure the employer’s knowledge of, and compliance with, the Program? | Yes | No |
| If no, provide details and action being taken to address non-conformance: | | |

|  |  |  |
| --- | --- | --- |
| 1. Does the insurer remain committed to ensuring its primary aim is the recovery of, and return to work of, injured workers and that all decisions made relating to injury management are made in the best interests of the worker? | Yes | No |
| If no, provide details and action being taken to ensure compliance with licence condition 7.3 and 7.4: | | |

|  |  |  |
| --- | --- | --- |
| 1. Have corrective action/s identified (either during the insurers self-audits and/or WorkCover Tasmania audit/s been addressed? | Yes | No |
| If no, provide reasons and action taken: | | |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer set premiums that reflect an employer’s industry risk rating, claims experience, commitment to work health and safety and commitment to provide alternative duties? | Yes | No |
| If no, provide details and action being taken to ensure compliance with licence condition 9.1: | | |

|  |  |  |
| --- | --- | --- |
| 1. Has the insurer provided data in accordance with requirements, timeframes and format specified by the Board? | Yes | No |
| If no, provide details and action being taken to ensure compliance with licence condition 10: | | |

I, the undersigned, declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Insurer name*) has complied with the Licence Conditions imposed by the WorkCover Tasmania Board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*Authorised Senior Manager*)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This form must be submitted via WIMS****.***

## **1300 366 322**

www.worksafe.tas.gov.au

For more information contact

Phone: 1300 366 322 (within Tasmania)

(03) 6166 4600 (outside Tasmania)

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