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| **Levy Amounts Return Form**  ***Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011***  Payment of Asbestos Levy - Section 168 | | | |
| Statement by:  (enter insurer name), (enter insurer address), as a licensed insurer, showing the amount of gross premium income exclusive of GST and before deduction of brokerage, commission and reinsurance received during the period in respect to policies of insurance issued pursuant to section 97 of the *Workers Rehabilitation and Compensation Act 1988.* | | | |
| 1. | Premium received from policyholders for workers compensation insurance during (select month), (select year): | $ (enter amount) |  |
| 2. | Premium due but not paid during the above stated month: | $ (enter amount) |  |
| 3. | Levy Amount remitted herewith: | $ (enter amount) |  |
| **Statutory Declaration**  ***Oaths Act 2001***  I (enter declarer name), (enter declarer address), (enter declarer occupation), being the officer authorised by the aforesaid insurer to make this declaration do solemnly and sincerely declare that I have carefully examined the above statement and that to the best of my knowledge, information and belief, the statement of the amount of the premium income received by (enter insurer name) is correct in respect of policies issued pursuant to section 97 of the *Workers Rehabilitation and Compensation Act 1988* and having a commencement date on or after 31 October 2011. | | | |
| I make this solemn declaration under the *Oaths Act 2001*  Declared at (enter place) on (select date)    *(Authorised Officer)* | | | |
| Before me (enter name), (enter occupation)    *(Justice of the Peace or Commissioner for Declarations)* | | | |
| **Send to**  This statement is to be completed and emailed with remittance advice to [accounts@justice.tas.gov.au](mailto:accounts@justice.tas.gov.au)  *and* [acc@justice.tas.gov.au](mailto:acc@justice.tas.gov.au) within 20 business days after the end of each month.  Payments are to be remitted as follows:  WESTPAC  BSB: 037-001  Account number: 675930  Account name: Asbestos Compensation | | | |