# MONTHLY WORKERS COMPENSATION DECLARATION RETURN

Declaration of Wages and Premium Return

**EMPLOYER / COMPANY NAME**

**POLICY NUMBER**

**EMPLOYER REGISTRATION NUMBER**

**DECLARATION PERIOD (MONTH)**

**DECLARATION YEAR**

**POSTAL/PHYSICAL ADDRESS**

## DECLARATION OF WAGES & PAYROLL DETAILS

| CLASS/CODE | CLASSIFICATION OF EMPLOYEES / NATURE OF WORK | NO. OF EMPLOYEES | TOTAL GROSS WAGES | RATE (%) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | TOTALS | | | |

## PREMIUM CALCULATION SUMMARY

**TOTAL PREMIUM PAYABLE**

**ADMIN/ASSESSMENT FEES (IF APPLICABLE)**

**ADJUSTMENTS / ARREARS**

**TOTAL AMOUNT DUE**

## EMPLOYER DECLARATION

I, the undersigned, hereby declare and certify that the details of employees, nature of work, and wages/salaries specified herein are a true and correct statement of all remuneration paid or payable to employees during the period stated. I understand that failure to declare correct wages may result in penalties and affect coverage validity.

**FULL NAME OF AUTHORIZED OFFICER**

**DESIGNATION / TITLE**

**SIGNATURE**

DATE