

NOTIFICATION OF CHANGES TO INSURANCE ARRANGEMENTS PREVIOUSLY FUNDED THROUGH WA CONSTRUCTION INDUSTRY REDUNDANCY FUND

Insurance coverage has until recently been provided to workers in the WA construction industry in relation to-

- Death and permanent disability occurring in travel between home and work (Journey Cover)
- Expenses for ambulance or emergency transport when sick or injured (Ambulance Cover)
- Expenses of your estate arising from your death (Funeral/Death Cover)
- Leisure Travel Cover.

All expenses of provision of that coverage were met, without charge to beneficiaries, through the WA Construction Industry Redundancy Fund.

Recently introduced Federal Government legislation will deny FBT-exempt status to employer redundancy contributions if they are used to meet expenses of insurance coverage expenses and other benefits, beneficial to the Construction Industry, that were previously met by the Fund. The Fund is amending its Trust Deed in order that your redundancy contributions to the Fund will be FBT-exempt. The result is that the expenses of the insurance coverage, previously provided free of charge to your workers will no longer be able to be paid by the Fund.

New coverage for Journey and Leisure Covers and JLT (WA Construction Industry) Discretionary Trust Ambulance and Death Covers has been put in place with WA Construction Industry Redundancy Fund Ltd and the JLT (WA Construction Industry) Discretionary Trust. However the cost of this replacement coverage, following expiry of existing policies effected by WACIRF Ltd, must now be met on a 'user pays' basis. **Enclosed with this notice is a DISCLOSURE STATEMENT** from JLT (WA Construction Industry) Discretionary Trust that outlines the terms of the new coverage ("JDT").

YOUR WORKERS WILL ONLY BE ENTITLED TO MAKE CLAIMS under these new JDT coverage arrangements **IF YOU ARE MAKING** a \$10 per week **CONTRIBUTION** separate and additional to any contributions you make to the Redundancy Fund. **YOU MUST ALSO HAVE SIGNED A CONTRIBUTION AGREEMENT** (enclosed with this notice – it must be **SIGNED** by an authorised proprietor, director or partner of your business and **RETURNED** to WA Construction Industry Redundancy Fund Ltd).

There will be some continuing limited coverage for BTA members, until expiry of present policies effected by WACIRF Ltd, for Death (until 31/7/2003), Journey (until 8/8/2003) and Leisure Travel (until 8/8/2003). **UNLESS YOU ARE CURRENTLY MAKING THE NEW JDT CONTRIBUTIONS FOR YOUR WORKERS** there is no continuing cover for Ambulance/Emergency Transport.

Each \$10 contribution will attract a GST levy of \$1.00. There will be one monthly Contribution Statement issued for redundancy contributions and a separate monthly Contribution Statement issued for the JDT contributions (each in a similar form to those presently issued by the Redundancy Fund relating to redundancy contributions). **YOU MUST PROVIDE US WITH 2 SEPARATE CHEQUES** for the amounts the subject of each of those Contribution Statements - a single cheque

for redundancy contributions and JDT contributions CANNOT BE ACCEPTED as that will put contributions to the Redundancy Fund at risk of not being FBT-free.

If you are not presently contributing for insurance coverage you should speak to us about doing so as the contribution offers valuable employee benefits at substantial commercial saving against ordinary market cost for similar cover.

MM Rzepecki -- November 2003

JLT (WA CONSTRUCTION INDUSTRY) DISCRETIONARY TRUST

JLT Group Services Pty Ltd (ABN 26 004 485 214)
as trustee for JLT (WA Construction Industry) Discretionary Trust
66 Clarence Street Sydney NSW

POSTAL ADDRESS:

P O BOX 432, WEST PERTH WA 6872
LOCAL BUSINESS ADDRESS
UNIT 2 1ST FLOOR 44 PARLIAMENT PLACE
WEST PERTH WA 6005

CONTRIBUTION AGREEMENT

I/We
[Insert full name of Participating Employer]

of
[Insert full business address – do not use PO Box address]

and
[Postal Address for mailing – leave blank if same as business address]

hereby request that we become a party to the WA Construction Industry Mutual Benefit Fund established by Deed dated 26th May 2003. I/We hereby apply to be an Affiliate (Participating Employer Member) of the JLT (WA Construction Industry) Discretionary Trust and as a member of that Trust agree to be bound by the provisions of the Trust Deed and the governing that Trust (as they are amended from time to time at the sole discretion of the Trustee in accordance with the Trust Deed) and confirm that a copy of the present Trust Deed and the Rules have been made available for inspection at the office of WA Construction Industry Redundancy Fund Ltd (ACN 009 404 273) 1st floor 44 Parliament Place West Perth WA or that I/we have, in return for a copy fee at my/our request, been provided with a reproduction of the present provisions of the Trust Deed and Rules.

1. List of Participating Employees (to be Participating Employee Members of the JLT (WA Construction Industry) Discretionary Trust and for whom contributions are to be made):

PLEASE SEE BACK PAGE TO LIST YOUR NOMINATED EMPLOYEES

Present rate of contributions **\$10 + GST per week** or part week (**Saturday to Friday**) for each nominated Participating Employee.

2. I/We have voluntarily agreed with the Trustee to make these contributions, to a Mutual Benefit Fund to be held upon the trusts of the JLT (WA Construction Industry) Discretionary Trust, at the rate set out above.
3. The Trustee (by its collection of contribution agent, WA Construction Industry Redundancy Fund Ltd ACN 009 404 273) shall, by the last Friday of each calendar month, advise each Participating Employer Member of the Participating Employees registered with the JLT (WA Construction Industry) Discretionary Trust for whom the Participating Employer Member has agreed to make these contributions and also the aggregate contributions required from that Participating Employer Member (herein referred to as the "Contribution Statement") for that calendar month covered by that Contribution Statement.

4. If the amount to be paid by a Participating Employer Member is greater or less than the amount claimed in any Contribution Statement the Participating Employer Member shall, within 14 days of the close of the calendar month in which they are registered as a Participating Employee Member or thereafter within fourteen (14) days of the close of each calendar month, lodge a return (herein referred to as the "Contribution Return") with the Trustee (through its collection of contribution agent, WA Construction Industry Redundancy Fund Ltd ACN 009 404 273), nominating the amended contributions that will be paid for that calendar month for Participating Employees.
5. The contributions nominated in a Contribution Return or the contributions shown in the Contribution Statement (if there is no amendment shown in a Contribution Return) shall be paid within fourteen (14) days of the close of calendar month to which that Contribution Return/Contribution Statement relates.
6. The Participating Employer Member's Contribution Return may be a copy of the Contribution Statement, with appropriate amendments to show Participating Employees who have commenced or ceased to be Participating Employees for whom that participating Employer Member will make contributions.

I/we expressly authorize the Trustee to disclose to any officer or employee of the Trustee, WA Construction Industry Redundancy Fund Ltd (as collection of contribution agent for the Trustee) or of a Participating Organisation, any information provided by me/us to the Trustee or that is recorded in the accounts or records of the JLT (WA Construction Industry) Discretionary Trust, relating to me/us for the purpose of that officer or employee, in the reasonable course of the duties of their office or employment, ensuring that the Trustee, Participating Employers and Participating Employees fulfil their obligations under any of the Trust Deed and Rules and/or industrial award/agreement relevant to those obligations.

ACKNOWLEDGEMENT – I/We specifically acknowledge that the Trustee has no responsibility for any Commonwealth Fringe Benefits Tax or State Pay-roll Tax or any other Commonwealth or State Taxes that are payable by reference to my/us making contributions or by reference to the insurance coverage or other benefits provided for Participating Employee Members by the Trustee or pursuant to any Insurance Policy, effected or maintained pursuant to the Trust Deed/Rules AND that it is my/our sole responsibility to seek my/our own independent advice in relation to liability for any such taxes.

Name of Organisation: _____

Authorised Officer : _____ Position: _____
(Print Full Name) *(Held in Organisation)*

Signature: _____ in the presence of

Witnessed: _____ Dated: ____/____/____

Please provide us with:

Contact Name: _____ **Telephone No.** _____

Mobile No. _____ **Fax No.** _____ **Email:** _____

WA CONSTRUCTION INDUSTRY MUTUAL BENEFIT FUND

LIST OF NOMINATED EMPLOYEES

Name of Participating Employee	Employees Residential Address	Employees Date of Birth	Commencement Date of Contribution	Rate of Contribution per week/part week (Rate excludes GST) (Sat. to Friday)	
				\$	+ GST
				\$	+ GST
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