



Corporate Employer Statement

To be completed for a Salary Continuance Insurance/
Income Protection claim or Total & Permanent
Disablement claim

STATEMENT BY EMPLOYER. Please answer ALL relevant questions fully, not doing so could result in delays in processing this claim.

Privacy
In completing this form you may be providing AIA Australia Limited with personal information (including sensitive information). The collection and management of this information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Privacy Policy as updated from time to time. For more information about the AIA Australia Privacy Policy (including notification) please refer to www.aia.com.au or contact 1800 333 613 to request a copy.

SECTION A – Background Details

Policy Number Member Number (if superannuation owned)

Plan Name

Employer Name

Business Address Postcode

Full Name of Employee Date of Birth

Employee Address Postcode

Date joined Employer Employee's last physical day at work

Reason for leaving work

Type of Claim Salary Continuance Insurance/Income Protection
 Total and Permanent Disablement

SECTION B – Employment Details

1. (a) What was the employee's usual occupation?

(b) Is the employee still employed? Yes No If 'No', what date did employment cease?

(c) How many hours per week, on average, did the employee work in the last 3 months prior to disablement?

(d) Was the employee Full-time Part-time Casual Contractor
If contractor, please provide the term of contract? From To

(e) What area or environment did the employee work in (eg. office, factory, loading dock etc.)?

(f) (i) What was the employee's gross monthly income immediately prior to disability? \$
(Please provide a breakdown of any bonuses, overtime earnings, commissions or other amounts included in this monthly income.)

(ii) What was the employee's gross monthly income, as defined, at the last renewal date? \$

2. For the last 12 months prior to ceasing work, was the employee performing the usual duties of their occupation? Yes No
If 'No', please provide details.

SECTION B – Employment Details (continued)

3. (a) Please describe the duties performed by the employee. (If available, please attach a job description.)

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(b) Which of the duties can the employee no longer perform? (Please give reasons why.)

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(c) Did the employee have any formal qualifications, experience or other training that was required to perform the job? Yes No
If 'Yes', please provide details.

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4. Please indicate (✓) the following requirements of the employee's usual job, where applicable.

	Never	Occasional <small>(i.e. less than 33% of the time)</small>	Frequent <small>(i.e. approximately 50% of the time)</small>	Continuous <small>(i.e. more than 66% of the time)</small>
Lift/Carry 20 kg and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry, 5 to 19 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry, under 5 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What percentage of time, on average, did the employee spend on the following activities while performing duties of their usual job?

<input type="text" value=""/> % Sitting	<input type="text" value=""/> % Standing	<input type="text" value=""/> % Walking	<input type="text" value=""/> % Bending	<input type="text" value=""/> % Lifting
<input type="text" value=""/> % Driving	<input type="text" value=""/> % Climbing	<input type="text" value=""/> % Crawling	<input type="text" value=""/> % Kneeling	

6. Would you describe the employee's job as: *Tick (✓) more than one box if appropriate.*

Clerical/Sedentary
 Sales
 Light Manual
 Moderately Manual
 Heavy Manual
 Skilled
 Semi Skilled
 Unskilled
 Other (provide details)

7. Has the employee's job been filled?

Yes – If 'Yes', what date was the position filled? / /

No – If 'No', please give reasons why the position has not been filled.

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SECTION C – Alternative Employment

8. Has the employee performed any other jobs/duties whilst being employed with your company? Yes No
If 'Yes', please list all the jobs and/or duties the employee has performed during their period of employment with your company.

9. What jobs could the employee do now?

10. (a) Was the employee **offered** any alternative position(s) and/or duties?

- Yes – If 'Yes', please describe the alternative positions/duties offered.
- No – If 'No', please give reasons why. If alternative positions/duties were not available please give reasons why they were unavailable.

(b) If you answered 'Yes' to Question 10(a) above, did the employee **accept** the offer?

- Yes – If 'Yes', please state the period of time the employee performed/worked in alternative/modified duties.
From To
- No – If 'No', what were the reasons given for not accepting the offer?

(c) If terminated, was the employee on light duties or **participating** in a rehabilitation program? Yes No
If 'Yes', please provide details of the rehabilitation provider and a copy of any correspondence available.

SECTION D – Leave and Benefits History

11. Please list or attach all dates of absence (due to sickness or injury) from work in the 12 months prior to ceasing work. (If more space is required please attach a separate sheet.)

Date(s) absent from work	Reason for absence/Leave type
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	

12. Has the employee received (or is still receiving) any salary or any benefits from any source (including Workers' Compensation/WorkCover or income replacement benefit) due to sickness or injury? Yes No
If 'Yes', please give details including the type, amount and duration of payments.

\$	Normal Pay	from	/ /	to	/ /
\$	Sick Pay	from	/ /	to	/ /
\$	Workers' Compensation/WorkCover	from	/ /	to	/ /
\$	Other (please specify – eg. TAC, CTP, Centrelink, common law, another insurer or any other source)	from	/ /	to	/ /
<input type="text"/>					

If receiving (or received) Workers' Compensation/WorkCover, please provide:

Claim Number	<input type="text"/>	Name of Insurer	<input type="text"/>
Address	<input type="text"/>		
Contact Person	<input type="text"/>	Telephone	<input type="text"/>

Additional Information

13. Please provide any additional information or comments you feel are relevant to this claim. (Please attach a separate sheet if needed.)

Checklist

14. I have attached a print-out of the employee's Leave Records (if applicable).
15. I have provided a copy of the employee's job description (if available).
16. I have attached the documentation for Workers' Compensation/Work Cover/Rehabilitation (if applicable).
17. I have provided other documentation (if applicable).

Declaration

I am authorised to answer the above questions on behalf of the employer named above and declare that the above statements are true, correct and complete. I confirm that I have handled, collected, used and disclosed the personal and sensitive information provided with this form in accordance with privacy law.

Name in Full (please print)	<input type="text"/>		
Job Title	<input type="text"/>	Telephone	<input type="text"/>
E-mail	<input type="text"/>	Facsimile	<input type="text"/>
Signature	<input type="text"/>	Date	/ /



Corporate Electronic Funds Transfer (EFT) Authority Form

Please provide the details to allow an EFT payment into your nominated bank account.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at www.aia.com.au as updated from time to time or by calling AIA Australia on 1800 333 613, including the exchange with third parties located in Australia and overseas.

For information on AIA Australia Privacy Statement, please see the Privacy Statement that accompanied your Claim Form.

Claimant Name

Member No. (if superannuation owned)

Bank Name

Branch Name

BSB Number

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Account Number

Account Name

Signed

Dated

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