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AIA Group Risk Super Plan (AGRSP) Employer Statement

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	<input type="text" value="MP7000"/>	Policy Owner	<input type="text" value="Diversa Trustees Limited"/>	AGRSP Employer No	<input type="text" value="MP7"/>
Plan Name	<input type="text"/>				
Employer Name	<input type="text"/>				
Business Address	<input type="text"/>				<small>Postcode</small>
Full Name of Employee	<input type="text"/>	Date of Birth	<input type="text" value="/ /"/>		
Employee Address	<input type="text"/>				<small>Postcode</small>
Date joined Employer	<input type="text" value="/ /"/>	Employee's last physical day at work	<input type="text" value="/ /"/>		
Reason for leaving work	<input type="text"/>				

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.)

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

(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.

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.

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	/ /



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Corporate Electronic Funds Transfer (EFT) Details

AGRSP Employer No.

MP7

Bank Name

National Australia Bank

BSB Number

0 8 3 – 0 0 1

Account Number

2 0 2 9 5 4 6 0 3

Account Name

Sandhurst Trustees Limited as custodian for Diversa trustees Limited ATF LESF SU



This section summarises key information in of the AIA Australia Privacy Policy, which may be updated from time to time. For further information, please review the most up to date full version of the AIA Australia Privacy Policy on AIA Australia's website at www.aia.com.au.

AIA Australia Limited is part of the AIA Group. Your privacy is important to us and AIA Australia Limited is bound by the privacy principles which apply to private sector organisations under the Privacy Act, and other laws which protect your privacy. AIA Australia Limited, AIA Financial Services Limited, AIA Group and their related bodies corporate and joint venture partners (together referred to as "AIA Australia", "we", "us" and "our") provide you the following notification and information about our Privacy Policy and your rights.

Why we collect personal information

We collect, use and disclose personal information (including sensitive information) for purposes set out in our Privacy Policy, including to process your applications, enquiries and requests in relation to insurance and other products, for underwriting and reinsurance purposes, to administer, assess and manage your insurance and other products, including claims, and to provide, manage and improve our products and services. We may not be able to do these things without your personal information. We may also collect, use and disclose personal information to understand your needs, interests and behaviour, personalise our dealings with you, to verify your identity, authority to act on behalf of a customer and personal information, maintain and update our records, manage our relationship with you, comply with local and foreign laws and regulatory requests, detect, manage and deal with improper conduct and commercial risks and for reporting and research purposes. We may also notify you of offers and other information about products or services we think may interest you. If you do not wish to receive these direct marketing communications, you may indicate this where prompted or by contacting us as set out in our Privacy Policy. If you do not wish to receive these direct marketing communications, you may indicate this where prompted or by contacting us as set out in our Privacy Policy.

How we collect, use and disclose personal information

We may collect your personal information from various sources including forms you submit and our records about your use of our products and services and dealings with us, including any telephone, email and online interactions. We may also collect your information from public sources, social media and from the parties described in our Privacy Policy. We are required or authorised to collect personal information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in our Privacy Policy. Where you provide us with personal information about someone else you must have their consent to provide their personal information to us in the manner described in our Privacy Policy.

We may collect your personal information from, and exchange your personal information with, our affiliates and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, our service providers, your representatives (including your financial adviser), the trustee and administrator of a superannuation fund, your employer or bank, health providers, partners used in our activities or business initiatives, reinsurers, insurance brokers and intermediaries, regulatory and law enforcement agencies, and other parties as described in our Privacy Policy. Parties to whom we disclose personal information may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that Australian Privacy Principle 8.1 (which relates to cross-border disclosures) will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act.

Where we provide your personal information to a third party, the third party may collect, use and disclose your personal information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Other important information

By providing information to us or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with us, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal information (including sensitive information) in the manner described in the most up to date version of our Privacy Policy on our website and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing personal information to us. You agree that we may not issue a separate notice each time personal information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from our website at www.aia.com.au or by contacting us on 1800 333 613 to obtain a copy. You have the right to access the personal information we hold about you, and can request the correction of your personal data if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us using the details in the 'Contact us' section below. Our Privacy Policy provides more detail about our collection, use (including handling and storage), disclosure of personal information and how you can access and correct your personal information, make a privacy related complaint and how we will deal with that complaint, and your opt-out rights.

For the avoidance of doubt, the Privacy Policy applicable to the management and handling of personal information will be the most current version published at www.aia.com.au shall supersede and replace all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact us

If you have any questions or concerns about your personal information, please contact us as set out below:

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Melbourne VIC 3004
Phone 1800 333 613