

## Employer's Statement

### Privacy - Use and disclosure of personal information

#### Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide your employee with the products and services they have requested from MetLife, and to manage their claim. You do not have to provide MetLife with this personal information, but if you do not do so MetLife may not be able to provide your employee with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

### Section 1. Employee details

Title	Given name(s)		
Surname		Date of birth (dd/mm/yyyy)	
Date joined company (dd/mm/yyyy)		Date joined plan (dd/mm/yyyy)	
Annual salary at the date last worked (excluding overtime, bonus allowances etc. Please provide copies of pay slips in support of your employee's annual salary)		\$	

### Section 2. Occupation details

1. What is the most recent role the employee held with the company (or attach a copy of your employee's role description)?

Job title	Duties	Period employed

Please provide a copy of the employment history with your business for the named employee. Including role title, period employed in role, reason for changing role and duties of role.

2. Date these were last performed	/	/
3. Hours of work from	to	4. No. of days per week

5. Please list below any machines or special equipment used and whether they were operated manually or automatically.

Machine/equipment	Manual	Automatic
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

6. Was the employee employed in a supervisory capacity?

Yes  No

If Yes, how many staff did the employee supervise?

## Section 2. Occupation details (continued)

7. In what area did they work (e.g. office/loading dock etc.)?

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8. Please confirm the physical requirement of the role where applicable by completing the following.

Percentage of time spent in task				Percentage of time spent in task	
Task	<30%	31-70%	>70%	Task	% per day
Lifting, 20kg & over				Walking	
Lifting, 7 - 19kg				Standing	
Lifting, under 7kg				Climbing – ladders, scaffolding etc.	
Carrying, 20kg & over				Crawling	
Carrying, 7 - 19kg				Kneeling	
Carrying, under 7kg				Climbing – ramps, steps etc.	
Reaching above shoulders				Sitting	

9. What qualifications, training and experience does the employee have?

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10. Are there any alternative roles available or could the employee's skills be used in any other capacity within the company?

Yes  No

If Yes, what similar roles is the employee skilled to perform?

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11. Was the employee on any restricted/partial duties prior to the date they ceased work?

Yes  No

If Yes, please provide details.

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12. Date restricted/partial duties commenced (dd/mm/yyyy).

/ /

Restriction details.

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### Section 3. Claim details

13. Has the employee resigned from employment?

If Yes, please provide the date of resignation (dd/mm/yyyy).

Yes  No

/ /

14. Were you notified that the employee was certified unfit prior to the employee ceasing work?

Yes  No

15. What reason was provided when the employee ceased work?

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16. Has any supported return to work plan been attempted?

Yes  No

If Yes, please provide details including name of provider, roles undertaken and period of rehabilitation (please attach a separate list if insufficient space).

Provider	Roles undertaken	Period of rehabilitation

17. Please provide details of all leave taken in the 12 months prior to the employee ceasing work.

Note: You do not need to complete this question if you are providing leave history reports.

Sick leave - period(s)

Annual leave - period(s)

Other leave - period(s)

18. Please provide details of any money paid to the employee since they ceased work (e.g. superannuation, Workers' Compensation, sick leave, annual leave etc.)?

Type of payment	Period of payment	Amount

19. Are you aware of any other claim including work cover, total and permanent disablement, income cover, etc?

Yes  No

If Yes, please provide details including name and address of insurer.

Insurer	Contact name and number	Claim number

