redefining / insurance

AXA Group Insurance

Employer's statement

Please tick: ☐ **Total and Permanent Disability claim**
☐ **Total but Temporary Disability claim**
☐ **Group Salary Continuance claim**

Employer's statement

Insurance plan name | Policy number/plan number

Employer

Employer's business name

Street number and name | Town/Suburb | State | Postcode

Contact number ( ) | Fax number ( )

Employer's business postal address

Street number and name or PO Box | Town/Suburb | State | Postcode

Employee

Employee's name (member) | Date of birth / /

Date member joined insurance plan / / | Date member joined company / /

If space is insufficient please attach a separate sheet

1 What is the nature of the disability?

2 (a) Employed from / / to / /

(b) Date last performing all the duties of usual occupation / /

(c) Date last actively attending any work duties / /

3 (a) What was the title of the employee's usual occupation?

(b) Please describe the exact duties performed. (Please attach a copy of the job description.)

(c) (i) What level of education or other qualifications does this occupation require, eg special courses etc (Please attach a copy of the employee's application for employment completed when joining your company.)

(ii) What qualifications does this employee have?

(iii) Does the employee speak/understand English? ☐ Yes ☐ No

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4 Please list insured income details:

Base annual salary[1]	Superannuation guarantee (SG) contributions[2]	Bonuses and commissions[3]	Income from company profit distributions[4]	Income from other sources (please provide details below[5])	Total
$	$	$	$	$	**$**

1 Include salary packaged items (eg motor vehicles, pre-tax [salary sacrificed] superannuation contributions etc).

2 Include only SG contributions if included as a feature of the Group Salary Continuance policy.

3 Please note bonuses and commissions are only considered as insured income where the insurer has previously agreed in writing with the policy owner to include them as insured income.

4 Only applicable for a person insured who owns part, or all of the business.

5 Details of income from other sources (eg trusts, service companies, hobby farms etc).

5 Superannuation fund name – please include the name of the employee's complying superannuation fund for payment of employer superannuation contribution benefit (if applicable):

6 Please list below any machines or special equipment operated/used by the employee and indicate if these machines were operated manually or automatically:

7 (a) Was the employee in a supervisory capacity? ☐ Yes ☐ No

(i) If yes, how many people did the employee supervise?

(b) Was the employee responsible for any training? ☐ Yes ☐ No

8 In what area did the employee work? (Office, factory, loading dock, etc.)

9 (a) Please indicate the following requirements of the employee's usual occupation where applicable.

	A	B	C	D
Lifting 20 kgs and over	☐	☐	☐	☐
Lifting 7–19 kgs	☐	☐	☐	☐
Lifting under 7 kgs	☐	☐	☐	☐
Carrying 20 kgs and over	☐	☐	☐	☐
Carrying 7–19 kgs	☐	☐	☐	☐
Carrying under 7 kgs	☐	☐	☐	☐
Reaching above shoulders	☐	☐	☐	☐

A = never
B = occasional – 1/3 of the time or less
C = frequent – 1/3 to 2/3 of time
D = continuous – more than 2/3 of time

Sitting	% of day	Walking	% of day	Climbing – ladders, scaffolding, etc	% of day
Standing	% of day	Bending	% of day	Climbing – ramps, steps, etc	% of day
Kneeling	% of day	Crawling	% of day		

(b) Would you describe the employee's usual occupation as: (Tick more than one box if appropriate.)

☐ Sedentary ☐ Clerical
☐ Light manual ☐ Skilled
☐ Moderately manual ☐ Semi-skilled
☐ Heavy manual ☐ Unskilled
☐ Other (please give details)

(c) (i) Was the employee performing **all** the **normal pre-disability duties** and **hours** of his/her usual occupation on the last day actively at work?

☐ Yes ☐ No ▶ see (ii) and (iii)

(ii) If not, what were his/her duties and hours of work on the last day at work?

(iii) When did he/she cease performing **all** his/her **normal pre-disability duties** and hours of **work** and why?

(d) If the employee was not performing all the normal duties and/or hours when last at work, how would you describe the duties being performed when last at work: (Tick more than one box if appropriate.)

☐ Sedentary ☐ Clerical ☐ Light manual ☐ Skilled

☐ Moderately manual ☐ Semi-skilled ☐ Heavy manual ☐ Unskilled ☐ Other (please give details)

(e) Please list the duties referred to in part (d)

10 (a) What hours did the employee usually work over the six months prior to disablement?

Start Finish

(b) What were the average hours worked per week over the six months prior to disablement?

(c) (i) Was the employee:

☐ Full-time ☐ Part-time ☐ Casual/contract ☐ Self-employed/business owner (either wholly or partly)

(ii) If the employee was part-time or casual, how many days per week did the employee work on average over the 6 months prior to disablement?

11 If the employee had more than one position during his/her time with your company, please list the positions:

From	/ /	To	/ /	Job title	
From	/ /	To	/ /	Job title	
From	/ /	To	/ /	Job title	

12 List all dates the employee was absent during the twelve months prior to disablement:

Date	/ /	Reason	
Date	/ /	Reason	
Date	/ /	Reason	
Date	/ /	Reason	
Date	/ /	Reason	

13 Present employment status of employee (Please tick where appropriate)

(a) ☐ Still employed

(b) ☐ On sick leave Period from to Amount paid

(c) ☐ On unpaid leave Period from to

(d) ☐ On maternity leave Period from to

(e) ☐ On Workers' Compensation, if so, name of insurer Claim no.

(f) ☐ Terminated, if so date of termination / /

Reason for termination

(g) ☐ Receiving Dept of Social Security benefits (please advise type of benefit)

(h) ☐ At work, if so date returned / /

(i) ☐ Other (please give details)

14 (a) If the employee is not able to return to his/her usual occupation do you have any alternative positions available? ☐ Yes ☐ No

If yes, please give details:

(b) Could this employee's skills be used by your company in any other type of work if you had a position available? ☐ Yes ☐ No

If yes, please give details:

(c) (i) Does your company have a rehabilitation program?

☐ Yes ▶ see (ii) ☐ No

(ii) If yes, did this employee have access to and participate in the program?

☐ Yes ▶ see (iii) ☐ No ▶ see (iv)

(iii) If yes, what was the result?

(iv) If no, what was the reason for not participating?

15 What similar types of work could this employee's skills qualify him/her for?

16 Any other information that may be helpful in considering this claim?

17 List of documents attached (eg job description, application for employment, medical reports/certificates, rehabilitation reports):

Declaration

I declare to the best of my information, knowledge and belief, that the information I have provided on this form is true and correct in every respect. I understand that the information I have provided will be relied upon by AXA Australia when assessing the employee's claim.

Name of person completing statement (please print)

Title

Telephone ( )

Signature X

Date / /