Group Risk Insurance
Employer's Statement
Total and Permanent Disablement

ZURICH

Initial Claim Form

This form is to be completed by your employer

Policy number

Policy name

1 Employee details

Name of employee

Occupation

Date joined company / /

Date joined plan / /

Plan name

Policy number

Member number

Basis of employment ◯ full-time ◯ part-time ◯ casual ◯ other

If other is ticked, please give details

Number of hours worked hours per day hours per week

Total salary last 12 months $ pa $ base

Commission/Bonus $ pa $ super

Other, please specify $ pa

2 Claim details

1. Date employee ceased ALL occupational duties due to their injury/sickness / /
2. (a) Name of the sickness/injury

   (b) if the condition is due to an **injury**, describe how and when this injury occurred, to the best of your knowledge.

   (c) If the condition is due to **sickness**, when did the employee first notify you of their condition?
3. Describe in detail the occupational duties undertaken prior to disability. **Please attach a copy of the job description.**
4. What qualifications, training and experience does the employee have? List any training courses the employee attended.
5. Please comment on the employee's general level of performance include any workplace complaints.

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2 Claim details (continued)

6. Has the employee held any other positions in your company?

No ◯ go to question 7 Yes ◯ please give details

Job title	Period of service	Duties	Reason for change

7. What attempts at rehabilitation have been made (including any return to work attempts)? Provide dates, details and copies of any rehabilitation reports.

8. Please provide details of **all** leave taken in the six months prior to the sickness/injury. *(You may wish to attach a printout or separate sheet).*

Date absent	Date returned to work	Reason for leave
/ /	/ /	
/ /	/ /	
/ /	/ /	

9. Provide details of the amount of sick leave remaining for the employee. When will their sick leave cease?

10. Please provide details of any monies paid to the employee **since the cessation of duties**, eg. superannuation, sick leave, holidays, bonus, redundancy, other remuneration entitlements/termination payout figure.

Type of payment	Amount paid	Reason
	$	
	$	
	$	
	$	

11. Is a claim being made under Workers' Compensation?

No ◯ go to question 12 Yes ◯

(a) If 'Yes', please provide the following details

Date lodged / /

Insurer Contact number

Address

Claim number Case manager

(b) Has the claim been admitted? Yes ◯ No ◯

(c) Have payments commended? Yes ◯ No ◯

If 'Yes', amount received $ per week $ per month

You may wish to attach a printout or separate sheet.

2 Claim details (continued)

12. (a) Is the employee entitled to payments from an employer based income replacement scheme? Yes ◯ No ◯

(b) Has the employee lodged a claim under another Group Salary Continuance Plan? Yes ◯ No ◯

(c) Are you aware of any claims for disability benefits? Yes ◯ No ◯

(d) If 'Yes', to any of the above, provide the following details

Superannuation Fund/Insurer/Other name

Contact number

Address

Claim number Case manager

13. To the best of your knowledge, has the employee been engaged in any other employment since the day he/she ceased employment with your organisation?

No ◯ go to question 14 Yes ◯ please provide details

14. Please provide us with any other information that may be relevant to the consideration of this claim.

So that we can assess the claim faster please attach the following additional information to this Claim Form.

◯ Job description ◯ Leave reports/Summary of leave

◯ Rehabilitation reports ◯ Termination or resignation documents

3 Declaration

I hereby certify the information stated above is correct to the best of my knowledge.

Signature of authorised representative Date

✗ / /

Name and title

Name of company

Address

Telephone number Facsimile number

Email

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

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