



# Employer's statement

This form is to be completed by the life insured's employer.



Policy Number

Claim Reference Number

## 1 Employee's details

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_ Date of birth     /     / \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## 2 Employment history

(a) Period of employment – Date commenced     /     /     Date ceased     /     / \_\_\_\_\_

(b) Please provide the reason that the employee ceased work \_\_\_\_\_

(c) What was the employee's exact job title? \_\_\_\_\_

(d) Please provide details of all duties performed (please attach a copy of the position description) \_\_\_\_\_

(e) Was the employee employed in a supervisory capacity?    Yes     No     If 'Yes', how many people did employee supervise? \_\_\_\_\_

(f) What hours did the employee work? – From \_\_\_\_\_ To \_\_\_\_\_

(g) Please provide details of all the employee's absences from work in the six months prior to ceasing work \_\_\_\_\_

(h) If the employee held more than one position in your company, please provide details of previous positions and time spent in that role \_\_\_\_\_

(i) If the employee is not able to return to their occupation, do you have any alternative positions available?    Yes     No   
If 'Yes', please provide details and attach position description \_\_\_\_\_

(j) Please provide details of any issues that may effect the employee's work performance \_\_\_\_\_

(k) Has a workers' compensation claim been lodged?    Yes     No   
If 'Yes', please provide the name and address of the insurer and the claim number. Please provide copies of any documents you hold \_\_\_\_\_

**3 Additional information**

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.....  
.....  
.....  
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**4 Declaration**

I declare that the information provided is true, correct, and complete.

Name ..... Position .....  
Company name .....  
Address ..... State ..... Postcode .....  
Contact number ..... Facsimile .....

Signature	Date
X	/ /

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**Any questions?**

Call 131 551 or email [life.claims@zurich.com.au](mailto:life.claims@zurich.com.au)

Please return completed form to:

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**Life Risk Claims**  
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