

Helpful tips when completing an Employer Statement



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Lodging an insurance claim can be difficult, particularly in the context of stressful life events. As an employer, you have an important role in providing information to assist a current or former employee's claim. The following aims to help you ensure the process is as simple as possible.

Processing your employee's claim

The claims process starts when the employee sends his/her superannuation fund a form and supporting documents relating to the claim. When the fund receives these, it will ask for an Employer Statement. The Employer Statement contains key information about the employee's work environment and work history. Our claims assessors use this information to substantiate the employee's claim and determine whether it is covered by the insurance policy.

We will not be able to assess the claim without the Employer Statement.

The diagram below shows how the process works.

How can you help?

1. Complete and submit the Employer Statement as soon as you can

The Employer Statement is an important piece of information used in the claims process, submit it as soon as you can.

2. Provide as much information as possible

When you complete the Employer Statement provide all the relevant information upfront, including any additional information or evidence requested in the form.

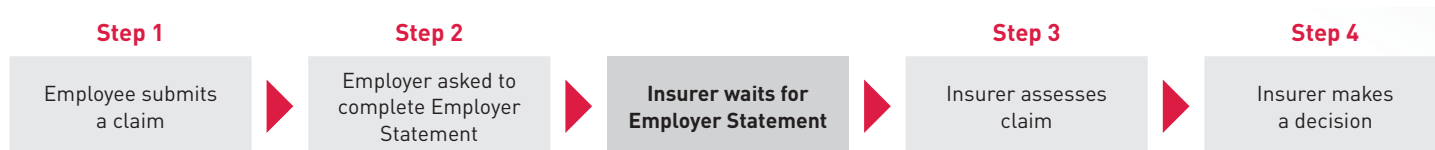
3. Check the details are correct

Before sending in the Employer Statement and any associated documents, check the details are correct and that nothing has been missed. Taking the time to get information correct upfront will help ensure we don't have to contact you later.

4. Follow-up promptly

If for any reason we ask you to provide further information, try to respond as soon as possible.

Please understand this is a difficult time for your employee, the sooner you can correctly complete and return the Employer Statement, the sooner your employee's claim can be assessed.



Frequently asked questions

Employment history (job type, hours)

Why is this important?

A description of the employee's job title and work duties helps us assess and verify information provided by the employee and assess the level of disability and constraints he/she may have in performing his/her usual occupation.

Income details

Why do I need to provide pay and leave records?

In some cases we will need to assess income to calculate the employee's monthly entitlement. This may vary depending on what type of employee they are i.e. full-time, contractor or part-time and whether they have a base salary or not. Disclosing this information helps ensure he/she receives full entitlements.

Occupational duties last 12 months

Why does this matter?

Many people do not lodge a claim as soon as they become disabled. They often try to integrate themselves back into work and some often work through pain and discomfort. To understand the employee's work environment prior to ceasing work, we would like to know if any modified/alternative duties were offered and how the employee coped.

Duties employee can and cannot perform

Why is this necessary?

We appreciate this part of the form may take a little longer to complete, however it is important that we gain an objective perspective into how the employee operated prior to ceasing work. As the employer, you can assist us in determining the type of employment that may be available to the employee in future or establish the extent of his/her limitations. This information may be provided to the treating specialist or any doctor that may assist in treatment and recovery.

Alternative employment

Why is this relevant?

Every work environment is different and access to alternative or modified duties may not always be available. If the disability is the result of a workplace incident, it is important for us to understand the circumstances associated with that injury and whether an internal rehabilitation provider was consulted and worked with the employee. Talking to the rehabilitation provider enables us to understand the treatments and programs undertaken. In some cases, we may be able to assist the employee return to meaningful employment after appropriate rehabilitation or treatment.

Leave and benefits history (including Workers' Compensation/WorkCover details)

Aren't pay records enough?

The leave history allows us to gauge how the employee coped prior to ceasing work. We use this information to calculate his/her entitlements.

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Employer Statement

To be completed for a Salary Continuance Insurance/Income Protection claim or 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 Fund Member Number

Fund Name

Employer Name

Business Address Postcode

Full Name of Employee Date of Birth

Employee Address Postcode

Date joined Employer Employee's last physical day at work

Reason for leaving work

Type of Claim Salary Continuance Insurance/Income Protection
 Total and Permanent Disablement

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) **Please attach a print-out of Pay and Leave Records for the 12 months prior to their last physical day at work.**

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 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 Pay and Leave Records as requested.
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	/ /