



American International Assurance Company (Australia) Ltd
trading as AIG Life ABN 79 004 837 861 AFSL 230043

® A Member of American International Group, Inc.

PO Box 6111, St Kilda Road Central VIC 8008
Freecall: 1800 333 613 Freefax: 1800 832 266

EMPLOYER'S STATEMENT SALARY CONTINUANCE CLAIM

PLAN NUMBER		MEMBER NUMBER	
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SECTION A – BACKGROUND DETAILS

Plan Name			
Employer			
Business Address			Postcode
Full Name of Employee		Date of Birth	/ /
Employee's Address			Postcode
Date Joined Company	/ /	Date Joined Plan	/ /
Last Day At Work	/ /	Reason for Leaving Work	

SECTION B – EMPLOYMENT AT DATE JOINED PLAN

1. Was the employee at work and performing the usual duties of his/her occupation during the pay period in which the employee first joined the Plan?

Yes

No Please provide details (ie. why was he/she not able to perform usual duties, nature of duties performed and how these differed from his/her usual duties if he/she was at work on modified duties).

SECTION C – EMPLOYMENT HISTORY IN USUAL OCCUPATION

2. (a) What was the employee's usual occupation?

(b) Is the employee still employed? Yes No, employment with the company ceased / /

(c) How many hours per week, on average, did he/she work?

(d) Was the employee Full time? Part time? Casual?

(e) What area or environment did the employee work in ? (eg Office, factory, loading dock etc)

(f) Did the employee act in a supervisory capacity? No Yes. Please provide details

(g) The employee's gross monthly income immediately prior to disability was \$

("Income" means the basic wage or income earned by the Member. Income includes the total remuneration package, salary and fees of the Member, but does not include bonuses, overtime earnings, additional commissions and unearned income such as investment or interest income.)

(h) The employee's gross monthly income, as defined, at the last renewal date was \$



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3. Please describe the duties performed by the employee? (If available, please attach a job description)

4. Which of the duties described in Question 3 can the employee no longer perform? (Please give reasons why)

5. Did the employee have any formal qualifications, experience or other training that was required to perform the job?

6. Please indicate (✓) the following requirements of the employee's usual job, where applicable

	A	B	C	D		A	B	C	D
Lifting, 20 kgs & over					Carrying, 20 kgs & over				
Lifting, 5 to 19 kgs					Carrying, 5 to 19 kgs				
Lifting, under 5 kgs					Carrying, under 5 kgs				
Reaching above shoulders									

A = never, B = occasional (1/3 of time or less), C = frequently (1/3 to 2/3 of time), D = continuous (more than 2/3 of time)

7. What percentage of time, on average, did he/she spend in the following activities while performing duties of his/her normal occupation?

Sitting	<input type="text"/> %	Standing	<input type="text"/> %	Walking	<input type="text"/> %
Bending	<input type="text"/> %	Lifting	<input type="text"/> %	Driving	<input type="text"/> %
Climbing	<input type="text"/> %	Crawling	<input type="text"/> %	Kneeling	<input type="text"/> %

8. Would you describe the employee's job as :- (tick (✓) more than one box if appropriate)

Sedentary	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Moderately Manual	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	Semi Skilled	<input type="checkbox"/>	Heavy Manual	<input type="checkbox"/>
Light Manual	<input type="checkbox"/>	Un Skilled	<input type="checkbox"/>	Other (provide details)	<input type="checkbox"/>



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9. Has the employee's job been filled?

Yes – what date was the position filled?

No (please give reasons why the position has not been filled)

10. If employed less than 2 years please state:

Previous employer

Address

Position Held

SECTION D – ALTERNATIVE EMPLOYMENT

11. Please list all the jobs and/or duties the employee has performed during his/her period of employment with your company.

12. What jobs could the employee do now?

13. Was the employee offered any alternative position(s) and/or duties?

Yes (please describe the alternative positions/duties offered)

No (please give reasons why – if alternative positions/duties were not available please give reasons why they were unavailable)



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14. If you answered 'Yes' to Question 13 above, did the employee accept the offer?

- Yes (Please state the period of time the employee performed/worked in alternative/modified duties)
- No (what were the reasons given for not accepting the offer?)

15. At the time of termination was the employee on light duties or participating in a rehabilitation program? No Yes
If 'Yes', please provide details of any limitations or restrictions imposed on normal duties or alternative duties performed

SECTION E – LEAVE & BENEFITS HISTORY

16. Please list all dates of absence from work in the two years prior to ceasing work. (If more space is required please attach a separate sheet) Alternatively, please attach a print-out of Leave History for the last 12 months.

Date(s) Absent from Work		Reason for Absence / Leave Type
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	
/ /	/ /	



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17. Have you or are you currently paying the employee any salary or benefits (including Worker's Compensation or salary continuance)?

No

Yes (please give details including the type, amount and duration of payments)

\$	Normal Pay	from	/	/	to	/	/
\$	Sick Pay	from	/	/	to	/	/
\$	Workers Compensation	from	/	/	to	/	/
\$	Other (specify)	from	/	/	to	/	/

If receiving (or received) Workers Compensation, please provide:-

Claim Number

Name of Insurer

Address

Contact Person

ADDITIONAL REMARKS

Please provide any other comments you feel may assist AIG Life with its assessment of the employee's Salary Continuance Claim

I am authorised to answer the above questions on behalf of the employer named above and declare that the above statements are true. I understand and agree that AIG Life may provide the Policyowner/Trustee of the above plan with copies of this statement.

Name in Full (please print)

Job Title

Telephone

Facsimile

e-mail

Signature

Date

 / /