

Re: **Claimant's Name**

Scheme Name

Policy Number

1. What date did the claimant cease all work duties and why?

2. Fully describe claimant's duties and number of hours per week worked immediately prior to ceasing work.

3. What was the claimant's gross monthly salary prior to ceasing work?

4. What date did the claimant start work with the company?

5. Please provide details of all leave taken by the claimant in the last 12 months prior to ceasing work.

Date and duration of leave or absence _____

Reason for leave or absence _____

Date and duration of leave or absence _____

Reason for leave or absence _____

6. Please provide details of payments made to the claimant since cessation of duties on . These should include payment type eg. Worker's Compensation, Sick Leave, Holiday Pay, etc.

Date Paid	Amount	Period Covered	Reason for Payment

EMPLOYER'S STATEMENT IN CONJUNCTION WITH TPD CLAIM – cont'd

6. Details of payments made to the claimant – *cont'd*

Date Paid	Amount	Period Covered	Reason for Payment

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Personal information is collected from you and your employees in accordance with your Duty of Disclosure to enable TOWER to provide you and your employees with the product or service you request. If you do not provide us with this information, we may not be able to provide you and your employees with this product or service.

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Name
(please print)

Title

Name & Address of Company

Phone Number

Signature

Date