

Claimant's Name

Policy Name

Occupation

1. Upon what date did the claimant cease all occupational duties as a result of the present disability?

2. Describe fully claimant's occupational duties immediately prior to his/her ceasing work on the above date.

3. What was the claimant's gross basic monthly salary immediately prior to ceasing duties?

4. Date claimant commenced employment with the company

5. Date claimant joined the Group Disability Scheme

6. Please provide details of all leave taken by the claimant in the six (6) months prior to joining the TOWER scheme.

Dates of leave or absence from work
Reason for leave or absence

/ /	
/ /	
/ /	

7. Please provide details of payments made to the claimant since cessation of duties due to current disability. These should include payment type eg. Worker's Compensation, Sick Leave, Holiday Pay, etc. If payment is in lieu of benefits expected from this insurance, please state.

Date Paid	Amount	Period Covered	Reason for Payment

continued over . . .

EMPLOYER'S STATEMENT IN CONJUNCTION WITH GROUP DISABILITY CLAIM – cont'd

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

Date Paid	Amount	Period Covered	Reason for Payment

8. Date on which claimant resumed any duties following the disability

Was this on a full or part time basis? _____

9. If claimant not expected to be able to resume in his usual occupation, is the Employer prepared to consider alternative employment?

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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.

In processing and administering this investment, or at the time of an insurance claim, we may disclose employees' personal (including sensitive) information to a number of parties. These may include: health professionals; your employees' or your Adviser or Financial Planner; other companies within the TOWER Group; organisations to whom we outsource our mailing, administration and information technologies; the Insurance Reference Service; investigators; the Trustee; the administrator of the fund; other insurers; reinsurers; government regulatory bodies; and lawyers and accountants (if applicable). By signing this document you agree to these organisations collecting your employees' sensitive information (if necessary).

Name (please print)

Title

Name & Address of Company

Phone Number

Signature

Date