



Employer Statement Death Claim

STATEMENT BY EMPLOYER. Please answer ALL relevant questions fully, not doing so could result in delays in processing this claim.

SECTION A – Background Details

Policy Number	<input type="text" value="MP"/>	Fund Member Number	<input type="text"/>
Fund Name	<input type="text"/>		
Employer Name	<input type="text"/>		
Business Address	<input type="text"/>		<small>Postcode</small>
Full Name of Employee	<input type="text"/>	Date of Birth	<input type="text" value="/"/> <input type="text" value="/"/>
Employee Address	<input type="text"/>		<small>Postcode</small>
Date joined Employer	<input type="text" value="/"/> <input type="text" value="/"/>	Date joined Fund	<input type="text" value="/"/> <input type="text" value="/"/>
		Employee's last physical day at work	<input type="text" value="/"/> <input type="text" value="/"/>

1. Date of Death?

2. Was the employee at work and performing the usual duties of their occupation on the date they joined the fund? Yes No

(a) If 'No', please provide details why they were not at work/not able to perform usual duties.

(b) If on modified duties, what was the nature of duties performed?

(c) How did these differ from their usual duties if they were at work on modified duties?

3. Was the employee still employed by your company on the date of their death? Yes No
If 'No', please state the reason why (i.e. resignation, retirement, retrenchment, ill health, etc.).

4. Please provide any additional information or comments you feel are relevant to this claim.

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 understand and agree that the insurer, AIA Australia, may provide the Policy Owner/Trustee of the above fund with copies of this statement.

Name in Full <small>(please print)</small>	<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	<input type="text" value="/"/> <input type="text" value="/"/>