



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 DEATH CLAIM

Plan Number	<input type="text"/>	Member Number	<input type="text"/>
Plan Name	<input type="text"/>		
Employer	<input type="text"/>		
Business Address	<input type="text"/>		Postcode
Full Name of Employee	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Employee's Address	<input type="text"/>		Postcode
Date Joined Company	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Joined Plan	<input type="text"/> / <input type="text"/> / <input type="text"/>

1. Date of Death / /
2. Date employee was last actively at work. / /
3. Was the employees position:
- | | | | |
|-----------|--------------------------|--------------------------------|--|
| Full Time | <input type="checkbox"/> | - Average weekly hours worked: | <input style="width: 100px;" type="text"/> |
| Part Time | <input type="checkbox"/> | - Average weekly hours worked: | <input style="width: 100px;" type="text"/> |
| Casual | <input type="checkbox"/> | - Average weekly hours worked: | <input style="width: 100px;" type="text"/> |
| Other | | - Average weekly hours worked | <input style="width: 100px;" type="text"/> |

4. 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).

5. Was the employee still employed by your company on the date of his/her death?
- Yes No. Please state reason why (ie. resignation, retirement, retrenchment, ill health, etc.).



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 DEATH CLAIM

6. Was the employee performing the normal duties of his/her job on their last active day at work?

Yes No. (i) Please advise his/her duties on the last day at work (please attach a job description).

(ii) When did he/she cease performing their normal duties and why?

ADDITIONAL REMARKS

Please provide any other comments you feel may assist AIG Life with its assessment of this 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 Policyowners/Trustee of the above plan with copies of this statement.

Name in Full

Job Title

Telephone

Facsimile

e-mail

Signature

Date