

employer statement (income protection claim)

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Important: Please make sure you've answered all questions.

**If all questions are not answered, your employee's application may be delayed as the form may be returned.
Please use BLOCK letters and dark ink when completing this form and ensure it's signed and dated.**

SECTION A – Employee details

Member number	<input type="text"/>	Claim number	<input type="text"/>
Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION B – Employer details

Employer trading name	<input type="text"/>		
Employee's line manager name	<input type="text"/>		
Employee's payroll and/or work co-ordinator contact	<input type="text"/>		
Employer address	<input type="text"/>		
Suburb/town	<input type="text"/>	State	<input type="text"/>
Country (if not Australia)	<input type="text"/>		
Postcode	<input type="text"/>		
Contact details of employer: Phone	<input type="text"/>	Email	<input type="text"/>
Date employee joined employer:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
What date did the employee cease work?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Why did the employee cease work?	<input type="text"/>		
If the employee was terminated please provide date of termination and reason.			
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Reason	<input type="text"/>

SECTION C – Work details

- What was the employee's job title?
- Between the period the employee commenced employment with you and the date they ceased work with you, was he/she able to work in their normal occupation without restriction? ☐ Yes ☐ No
If 'No', please provide details:
- How many hours a week did the employee work in the last three months prior to disablement?
Permanent full-time hours Casual hours Contractor hours
Permanent part-time hours Other (please describe, e.g. shift work, on call, etc) hours

4. What was the base salary/wage at the date the employee last worked?

\$

5. What was the employee's gross monthly income immediately prior to disablement?

\$

(Please provide a breakdown of any bonuses, overtime earnings, commissions or other amounts included in this monthly income.)

6. Has the employee been off work continuously since the date ceased work?

☐ Yes

☐ No

If 'No', please provide details of any days or hours worked since the employee initially ceased due to injury or sickness:

Dates worked	Hours worked	Duties performed
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		
/ / to / /		

7. Has the employee received or are they entitled to receive any payments, since ceasing work due to an injury or sickness?

☐ Yes

☐ No

If 'Yes', please provide details below:

Normal pay	from	/ /	to	/ /	gross	\$
Annual leave	from	/ /	to	/ /	gross	\$
Sick pay	from	/ /	to	/ /	gross	\$
Workers compensation	from	/ /	to	/ /	gross	\$
Other (please specify)						
	from	/ /	to	/ /	gross	\$

8. Have you been requested to complete any claim forms for any type of benefit

(e.g. workers' compensation, social security, similar insurance including income protection or TPD)?

☐ Yes

☐ No

If 'Yes', please provide details:

<div></div>

9. Please list any courses, skills, or training the employee has attended or obtained during this period of employment:

<div></div>

10. What work activities did the employee actually perform in this occupation?

Please also indicate the percentage (%) of working hours on average spent on each of the duties listed. (Note: Total should equal 100%)

Please attach job descriptions for all positions the employee has held in the last 12 months.

Duties	Percentage (%)

11. a) Did the employee work from home? ☐ Yes ☐ No If 'Yes', how many hours per week?

b) What duties did the employee perform from home?

12. What percentage of the employee's occupation was spent on the following? (Note: Total should equal 100%)

Walking	<input type="text"/> % of the day	Standing	<input type="text"/> % of the day	Crawling	<input type="text"/> % of the day
Kneeling	<input type="text"/> % of the day	Sitting	<input type="text"/> % of the day		

13. Did the employee's occupation involve physical activity? ☐ Yes ☐ No If 'Yes', please complete below:

Lifting and carrying 20 kg and over	<input type="text"/> %
Lifting and carrying 5 – 19 kg	<input type="text"/> %
Lifting and carrying under 5 kg	<input type="text"/> %

SECTION D – Return to work

14. Has the employee made a return to work? ☐ Yes ☐ No If 'No', please go to question 16.

If 'Yes', please provide details below:

a) Full time from / / for hours per week, over days per week

b) Part time from / / for hours per week, over days per week

Income earned \$ (please attach payslips.)

15. What duties has the employee performed since returning to work?

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16. Are there suitable duties available for the employee? ☐ Yes ☐ No

If 'Yes', please provide details below:

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17. Do you need assistance with rehabilitation for the employee? ☐ Yes ☐ No

18. Please attach a copy of the employee's pay records and leave history for the 12 months prior to their last physical day at work.

SECTION E – Declaration

I am authorised to answer the above questions on behalf of the employer named above and declare the above statements are true, correct and complete. I confirm I have handled, collected, used and disclosed the personal and sensitive information provided with this form in accordance with privacy law.

Name in full (please print)	<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"/> / <input type="text"/> / <input type="text"/>