

# employer statement (income protection claim)

# HESTA

**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  Claim number   
Title  First name   
Last name  Date of birth  /  /

## SECTION B – Employer details

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

## SECTION C – Work details

1. What was the employee's job title?
2. 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:
3. 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 / /   |              |                  |
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| / / 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                 | <input type="text"/> | to | <input type="text"/> | gross | \$ <input type="text"/> |
| Annual leave           | from                 | <input type="text"/> | to | <input type="text"/> | gross | \$ <input type="text"/> |
| Sick pay               | from                 | <input type="text"/> | to | <input type="text"/> | gross | \$ <input type="text"/> |
| Workers compensation   | from                 | <input type="text"/> | to | <input type="text"/> | gross | \$ <input type="text"/> |
| Other (please specify) | <input type="text"/> |                      |    |                      |       |                         |
|                        | from                 | <input type="text"/> | to | <input type="text"/> | gross | \$ <input type="text"/> |

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:

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



