



# Risk Only Super Solution (ROSS) Employer Statement

## Total & Permanent Disablement 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  Policy Owner  ROSS Employer No

Plan Name

Employer Name

Business Address  Postcode

Full Name of Employee  Date of Birth

Employee Address  Postcode

Date joined Employer   Employee's last physical day at work

Reason for leaving work

### SECTION B – Employment Details

1. (a) What was the employee's usual occupation?

(b) Is the employee still employed?  Yes  No If 'No', what date did employment cease?

(c) How many hours per week, on average, did the employee work in the last 3 months prior to disablement?

(d) Was the employee  Full-time  Part-time  Casual  Contractor  
If contractor, please provide the term of contract? From   To

(e) What area or environment did the employee work in (eg. office, factory, loading dock etc.)?

(f) (i) What was the employee's gross monthly income immediately prior to disability? \$   
(Please provide a breakdown of any bonuses, overtime earnings, commissions or other amounts included in this monthly income.)

(ii) What was the employee's gross monthly income, as defined, at the last renewal date? \$

2. For the last 12 months prior to ceasing work, was the employee performing the usual duties of their occupation?  Yes  No  
If 'No', please provide details.

**SECTION B – Employment Details (continued)**

3. (a) Please describe the duties performed by the employee. (If available, please attach a job description.)

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(b) Which of the duties can the employee no longer perform? (Please give reasons why.)

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(c) Did the employee have any formal qualifications, experience or other training that was required to perform the job?  Yes  No  
If 'Yes', please provide details.

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4. Please indicate (✓) the following requirements of the employee's usual job, where applicable.

	<b>Never</b>	<b>Occasional</b> <small>(i.e. less than 33% of the time)</small>	<b>Frequent</b> <small>(i.e. approximately 50% of the time)</small>	<b>Continuous</b> <small>(i.e. more than 66% of the time)</small>
Lift/Carry 20 kg and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry, 5 to 19 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry, under 5 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What percentage of time, on average, did the employee spend on the following activities while performing duties of their usual job?

<input type="text" value=""/> % Sitting	<input type="text" value=""/> % Standing	<input type="text" value=""/> % Walking	<input type="text" value=""/> % Bending	<input type="text" value=""/> % Lifting
<input type="text" value=""/> % Driving	<input type="text" value=""/> % Climbing	<input type="text" value=""/> % Crawling	<input type="text" value=""/> % Kneeling	

6. Would you describe the employee's job as: Tick (✓) more than one box if appropriate.

Clerical/Sedentary  
  Sales  
  Light Manual  
  Moderately Manual  
  Heavy Manual  
 Skilled  
  Semi Skilled  
  Unskilled  
  Other (provide details)

7. Has the employee's job been filled?

Yes – If 'Yes', what date was the position filled?  /  /

No – If 'No', please give reasons why the position has not been filled.

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**SECTION C – Alternative Employment**

8. Has the employee performed any other jobs/duties whilst being employed with your company?  Yes  No  
If 'Yes', please list all the jobs and/or duties the employee has performed during their period of employment with your company.


9. What jobs could the employee do now?


10. (a) Was the employee **offered** any alternative position(s) and/or duties?

- Yes – If 'Yes', please describe the alternative positions/duties offered.
- No – If 'No', please give reasons why. If alternative positions/duties were not available please give reasons why they were unavailable.


(b) If you answered 'Yes' to Question 10(a) above, did the employee **accept** the offer?

- Yes – If 'Yes', please state the period of time the employee performed/worked in alternative/modified duties.  
From 

	/		/	
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 To 

	/		/	
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- No – If 'No', what were the reasons given for not accepting the offer?


(c) If terminated, was the employee on light duties or **participating** in a rehabilitation program?  Yes  No  
If 'Yes', please provide details of the rehabilitation provider and a copy of any correspondence available.


## SECTION D – Leave and Benefits History

11. Please list or attach all dates of absence (due to sickness or injury) from work in the 12 months prior to ceasing work. (If more space is required please attach a separate sheet.)

Date(s) absent from work	Reason for absence/Leave type
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	
/ / to / /	

12. Has the employee received (or is still receiving) any salary or any benefits from any source (including Workers' Compensation/WorkCover or income replacement benefit) due to sickness or injury?  Yes  No  
If 'Yes', please give details including the type, amount and duration of payments.

\$	Normal Pay	from	/ /	to	/ /
\$	Sick Pay	from	/ /	to	/ /
\$	Workers' Compensation/WorkCover	from	/ /	to	/ /
\$	Other (please specify – eg. TAC, CTP, Centrelink, common law, another insurer or any other source)	from	/ /	to	/ /
<input type="text"/>					

If receiving (or received) Workers' Compensation/WorkCover, please provide:

Claim Number	<input type="text"/>	Name of Insurer	<input type="text"/>
Address	<input type="text"/>		
Contact Person	<input type="text"/>	Telephone	<input type="text"/>

## Additional Information

13. Please provide any additional information or comments you feel are relevant to this claim. (Please attach a separate sheet if needed.)

## Checklist

14.  I have attached a print-out of the employee's Leave Records (if applicable).
15.  I have provided a copy of the employee's job description (if available).
16.  I have attached the documentation for Workers' Compensation/Work Cover/Rehabilitation (if applicable).
17.  I have provided other documentation (if applicable).

## 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 plan with copies of this statement.

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	/ /



# Corporate Electronic Funds Transfer (EFT) Details

ROSS Employer No.

Bank Name

BSB Number    -

Account Number

Account Name