



# Risk Only Super Solution (ROSS) Employer Statement Terminal Illness 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="MP7000"/>	Policy Owner	<input type="text" value="CCSL Limited"/>	ROSS Employer No	<input type="text" value="MP7"/>
Plan 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="/"/>	<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 Plan	<input type="text" value="/"/>	<input type="text" value="/"/>

If the benefit is linked to salary please provide the annual income details below:

What was the employee's gross annual income, as defined, at the last renewal date?	<input type="text" value="\$"/>	What was the employee's gross annual income immediately prior to disability?	<input type="text" value="\$"/>
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1. Was the employee at work and performing the usual duties of their occupation on the date they joined the plan?  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?

2. Is the employee still employed by your company?  Yes  No

3. 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 plan 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="/"/>



# Corporate Electronic Funds Transfer (EFT) Details

ROSS Employer No.

Bank Name

BSB Number    -

Account Number

Account Name