



# Corporate Employer Statement Death Claim

**STATEMENT BY EMPLOYER. Please answer ALL relevant questions fully, not doing so could result in delays in processing this claim.**

## Privacy

In completing this form you may be providing AIA Australia Limited with personal information (including sensitive information). The collection and management of this information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Privacy Policy as updated from time to time. For more information about the AIA Australia Privacy Policy (including notification) please refer to [www.aia.com.au](http://www.aia.com.au) or contact 1800 333 613 to request a copy.

## SECTION A – Background Details

Policy Number	<input type="text" value="MP"/>	Member Number (if superannuation owned)	<input type="text"/>
Plan Name	<input type="text"/>		
Employer Name	<input type="text"/>		
Business Address	<input type="text"/>		<input type="text" value="Postcode"/>
Full Name of Employee	<input type="text"/>	Date of Birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Employee Address	<input type="text"/>		<input type="text" value="Postcode"/>
Date joined Employer	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	Date joined Plan	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Employee's last physical day at work <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>			
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="\$"/>

- Date of Death?
- Was the employee at work and performing the usual duties of their occupation on the date they joined the plan?  Yes  No
  - If 'No', please provide details why they were not at work/not able to perform usual duties.
  - If on modified duties, what was the nature of duties performed?
  - How did these differ from their usual duties if they were at work on modified duties?
- Was the employee still employed by your company on the date of their death?  Yes  No  
If 'No', please state the reason why (i.e. resignation, retirement, retrenchment, ill health, etc.).
- 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 confirm that 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" value="/"/> <input type="text" value="/"/> <input type="text"/>



# Corporate Electronic Funds Transfer (EFT) Authority Form

Please provide the details to allow an EFT payment into your nominated bank account.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at [www.aia.com.au](http://www.aia.com.au) as updated from time to time or by calling AIA Australia on 1800 333 613, including the exchange with third parties located in Australia and overseas.

For information on AIA Australia Privacy Statement, please see the Privacy Statement that accompanied your Claim Form.

Claimant Name

Member No. (if superannuation owned)

Bank Name

Branch Name

BSB Number

 - 

Account Number

Account Name

Signed

Dated

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