

Employer's Statement - Disability Insurance based on employment income
Part A: Claimant's Statement

Name : _____ Policy number : _____

Address : _____ Date of birth (DD/MM/YYYY) : _____/_____/_____

Authorization and signature

I authorize my employer, to release and exchange with Assumption Life and its authorized agents any required information to process or manage my claim.

Date (DD/MM/YYYY) : _____/_____/_____ Signature : _____

Part B: Employer's Statement

Employer's name : _____ Address : _____

Date of hire: (DD/MM/YYYY): _____ Occupation : _____

Hours of work per week: _____ Hourly wages : _____

Last day worked (DD/MM/YYYY): _____ Reason ceased working: _____

 Is the present disability related to an occupational illness or work accident? Yes No

 Has the employee applied or will an application been made to worker's Compensation or similar plan? Yes No

 In the event that an application was submitted, was the claim: approved denied decision has not yet been made

 Employment income during the 12 months immediately preceding the onset of disability which includes commissions and bonuses received but excludes allowances and other taxable benefits: \$ _____

Please provide a job description for this employee.

Name (in block letters) _____ Signature _____ Date (DD/MM/YYYY) _____

Title _____ Telephone _____ Fax _____

Part C: For self-employed workers

Name and address of your business: _____

Type of business: _____

Please provide a description of your duties: _____

 Is this business still operating? Yes No

If yes, please provide the name of the person who has taken over your job duties: _____

 Since your disability began, did you hire someone to replace you? Yes No

If yes, please provide the following information:

Name : _____ Address : _____

Telephone number : _____ Fax number : _____

Please provide a copy of your Income Tax reports for the 12 month period prior to your disability.

I declare that the above answers are true and complete.

Signature _____ Date (DD/MM/YYYY) _____