

Employee Benefits Employer's declaration for a disability claim

Member number

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Please attach the following:

- Payslip for the month of disability
- Certified copy of original identity document
- Fully completed job description form
- Sick / Annual leave records covering the last two years, with copies of any sick leave certificates (computer printouts)

Section 1: Member details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Employee number	<input type="text"/>				
Gender	<input type="text"/>	Male	<input type="text"/>	Female	<input type="text"/>
Home language	<input type="text"/>				
Correspondence language	<input type="text"/>	English	<input type="text"/>	Afrikaans	<input type="text"/>
Date member entered the scheme	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>

Section 2: Employer details

Employer's name	<input type="text"/>				
Scheme name	<input type="text"/>				
Physical address	<input type="text"/>				
	<input type="text"/>				Postal code
	<input type="text"/>				<input type="text"/>
Postal address	<input type="text"/>				
	<input type="text"/>				Postal code
	<input type="text"/>				<input type="text"/>
Telephone - work	<input type="text"/>			Fax	<input type="text"/>
Email address	<input type="text"/>				
Contact person at the company (person who completed the form)	<input type="text"/>				

Section 3: Member's attendance details

Date employment commenced	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Last active day at work, attending to all normal duties	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Was the member in full-time and permanent employment on the last day of work?					Yes <input type="text"/>
					No <input type="text"/>
If not, please give details	<input type="text"/>				
	<input type="text"/>				

Date on which the member returned to work (if they have returned after disability)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>

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Section 4: Employment history

Please indicate the member's full employment history at current employer, from the most recent to the earliest position.

	Most recent	Previous	Earlier position
Date started			
Job title			
Educational qualifications required for that position			
Experience required for that position			
Broad description of work done			
Date ceased			
Salary at date of leaving			

Which aspects of their most recent job is the member currently unable to do?

If the member had been subject to any particular pressures, either at work or outside of work, please comment on these.

Section 5: Salary history

Please provide full details of the member's salary history over the last two years. If the member has worked for the employer for less than two years, please indicate the salary history from the date of appointment.

Date				
Amount of increase				
New salary				
Frequency paid (weekly / monthly / annually)				
Reason for change (annual increase, annual bonus, promotion)				
Estimated amount of additional earnings through overtime, commissions etc				

Section 6: Attempts to accommodate the member

What efforts have you made to adapt the member's work environment or duties to accommodate their impairment/s? _____

What efforts have you made to accommodate the member in an alternative position? _____
