



Employer's Statement

Income Protection

If there is insufficient space to fully answer a question, please use page 3. MLC Limited complies with Privacy Legislation available at mlcinsurance.com.au/privacy-policy. Scheme Name or Employer (Business) Name Policy Number/Member Number **Employee Details** Name of employee Miss Other Date of birth Date started employment Date joined scheme (DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY) Date of accident or start of illness Date the employee was last actively at work Salary at date last worked (DD/MM/YYYY) (DD/MM/YYYY) **Claim Details** Please provide a precise description of the injuries or nature of the illness and details of related leave already taken. 2 Employee's job title and description of duties (please provide a copy of the Job Description). 3 Was the employee: Full time Part time Casual What were the employee's usual hours and days of work in a week? Hours worked per week Usual days worked per week Hours worked per day From То

 $MLC \ Limited \ ABN\ 90\ 000\ 000\ 402\ AFSL\ 230694 (the\ Insurer)\ uses the\ MLC\ brand\ under \ licence.\ MLC\ Limited\ is\ part\ of\ the\ Nippon\ Life\ Insurance\ Group\ and\ is\ not\ a\ part\ of\ the\ IOOF\ Group.\ Any\ references\ to\ 'we', 'us'\ and\ 'our'\ means\ MLC\ Limited.$

am/pm

am/pm

Claim Details continued

5

Туре	OI IE	ave																							
	s fror						to																		
(DD/MM/YYYY)]D()	(DD/MM/YYYY)																			
Туре	of lea	ave																							
Doto	o fror	2					to																		
Dates from (DD/MM/YYYY)					to (DD/MM/YYYY)																				
Type	of lo	27.40																							
туре	of lea	ave																							
L	s fror	า					to																		
	MM/Y							(DD/MM/YYYY)																	
			to Qu ase pr																						
Yes		Ple	ase pr	ovid	e de	etails otior										loyee		iw k	th y	/oui	org	anisa	ation,	inclu	ıdinç
Yes Plea peri	ods	Ple	ase pr	ovid	e de	etails otior										loyee		iw k	thy	/oui	org	anisa	ntion,	inclu	ıdinç
Yes Plea peri	ods	ovide	ase pr	ovid	e de	etails otior												iw b	thy	/oui	org	anisa	ntion,	inclu	udinç
Yes Plea peri Prev	ods	Ple rovide pent	ase pr	ovid	e de	etails otior												iw t	thy	/oui	org	anisa	ntion,	inclu	ıdinç
Yes Plea peri Prev Date	ods s	rovide pention	ase pr	ovid	e de	etails otior	Plea to	se u		age 3								iw b	thy	/oui	org	anisa	ation,	inclu	udinç
Yes Plea peri Prev Date	ods s lous p	rovide pention	ase pr	ovid	e de	etails otior	Plea to	se u	se pa	age 3								iw b	thy	/oui	· org	anisa	ation,	inclu	uding
Yes Plea peri Prev Date	ods s	Ple	e a full	ovid	e de	etails otior	Plea to	se u	se pa	age 3								d wi	thy	/oui	org	anisa	ntion,	inclu	uding
Yes Plea peri Prev Date	ods s	rovide pention	e a full	ovid	e de	etails otior	Plea to	se u	se pa	age 3								l wi	thy	/oui	org	anisa	ntion,	inclu	uding
Pleasperi Prev Date (DD/I	ods s	rovide position	e a full	ovid	e de	etails otior	Plea to	se u	se pa	age 3								d wi	thy	/oui	org	anisa	ntion,	inclu	uding
peri Prev Date (DD/I Prev Date	s from	Ple rovide position n YYYY) position	e a full	ovid	e de	etails otior	to (DI	D/MM	se pa	Y)								iw b	thy	/oui	· org	anisa	ation,	inclu	uding
Pleaperi Prev Date (DD/I	s from	Ple rovide position n YYYY) position	e a full	ovid	e de	etails otior	to (DI	D/MM	se pa	Y)								iw b	thy	/oui	org	anisa	ntion,	inclu	uding
Pleaperi Prev Date (DD/I	s from	Ple rovides pent in	ase pr	ovid	e de	etails otior	to (DI	D/MM	se pa	Y)								d wi	thy	/oui	· org	anisa	ution,	inclu	uding
Pleaperi Prev Date (DD/I	s from	Ple rovide position n YYYY) position	ase pr	ovid	e de	etails otior	to (DI	D/MM	se pa	Y)								iw b	thy	/oui	org	anisa	ation,	inclu	uding
Pleaperi Prev Date (DD/I	s from	Ple rovide position n YYY) position position	ase pr	ovid	e de	etails otior	to (DD)	D/MM	se pa	Y)								iw b	thy	/oui	· org	anisa	ntion,	inclu	uding
Pleapperii Prev Date (DD/I Prev Date	s from	Ple rovides pent in	ase pr	ovid	e de	etails otior	to (DD)	D/MM	se pa	YY)								d wi	thy	/oui	·org	anisa	ntion,	inclu	uding

Additional Information

If you use this page to provide additional information, please note the page and question number to which the additional information refers.

Page Number	Question Number	Additional Information
I	I	

Additional Information continued 8 When do you expect the employee to be able to: iii) return to work on a full-time basis? i) carry out alternative duties? ii) return to work on a part-time basis? (DD/MM/YYYY) (DD/MM/YYYY) (DD/MM/YYYY) 9 Provide details of any workers' compensation claims this employee is currently making, or has made in the past. Workers' compensation insurer name Claim number Address Postcode Claim start date (DD/MM/YYYY) Contact person Gross weekly benefit Time off work \$ Medical condition Workers' compensation insurer name Claim number Address Postcode Claim start date (DD/MM/YYYY) Contact person Gross weekly benefit Time off work \$ Medical condition Are there any other comments which you believe are relevant to the assessment of this claim?

Declaration and Authority

I declare that I am authorised to answer the above questions on behalf of the employer, and that to the best of my knowledge the above statements are true and correct. I acknowledge that:

- this information is provided for the primary purpose of the assessment and investigation of a claim under a policy with MLC Limited (the Insurer), and
- the Insurer may provide copies of this form to third parties, for example medical specialists or claims assessors from whom the Insurer seeks an independent report, or to any other person deemed necessary to assist in the assessment or investigation of this claim.

Where this claim is made under a superannuation fund, I authorise MLC Limited to release a copy of this document and any information provided to the Trustee of the Fund.

Name of signatory (please print)	
Signature under Common Seal or Rubber Stamp	
Job title	
Date	
(DD/MM/YYYY)	
Address	
	Postcode
Contact telephone number	

Return this form and any attachments to:

Vision Super PO Box 18041 Collins Street East Victoria 8003

Email: insurance@visionsuper.com.au