Assumption Life

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)

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,
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