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**Application for
 Disability Benefit
 EMPLOYER'S STATEMENT**

FORM 1

Name of Fund: _____

Employer's Name: _____

1. PARTICULARS OF CLAIMANT

Surname: _____ First Names: _____

Date of Birth: _____ Date joined Fund: _____ Date joined Company: _____ Company Ref No: _____ Monthly Income: _____ Last Contribution: _____
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2. DETAILS OF OCCUPATION AND EARNINGS

2.1 Give a brief description of all the important features of the claimant's occupation prior to disability:

Occupation: _____

Details of duties: _____

2.2 Apart from the claimant's present occupation, please supply a brief job history, including previous positions held.

Dates		Company	Position Held	Type of Work Done
From	To			

2.3 Which elements of the job can the claimant no longer follow? _____

2.4 To what extent has the disability limited the claimant's performance? _____

PLEASE ATTACH A COPY OF THE CLAIMANT'S FULL JOB DESCRIPTION, OR COMPLETE THE JOB DESCRIPTION QUESTIONNAIRE

