







### 3. Employment Details of the Member (Continued)

#### Please Include Details for the Member's Previous Employment

Date Started	
Name of Employer	
Job Title	
Educational qualifications required for the position	
Experience required for that position	
Broad description of duties performed	
Date of leaving	
Salary at the date of leaving	

#### Please Include Details for the Member's Earliest Employment

Date Started	
Name of Employer	
Job Title	
Educational qualifications required for the position	
Experience required for that position	
Broad description of duties performed	
Date of leaving	
Salary at the date of leaving	

#### Please specify the percentage of time spent in:

Admin Duties	Manual Duties	Supervisory Details	Traveling / Driving
Indoors	Outdoors	At Heights	At Depths

Is the member still performing his/her full time occupation?

Yes

No

If No, please supply details:


When did the illness first become evident or the injury occurred

Y	Y	Y	Y	M	M	D	D
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On what date was the claimant last actively able to perform all the duties of his/her occupation due to his/her condition?

Y	Y	Y	Y	M	M	D	D
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Last day physically at work

Y	Y	Y	Y	M	M	D	D
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### 3. Employment Details of the Member (Continued)

Date on which the claimant returned (if he/she has returned after disability)

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Days absent from work in the last two years (Please attach sick leave records and medical certificates).

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

From Date								To Date								Number of working days															
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D																
Type of Leave Taken																Reason for Leave															

### 3. Employment Details of the Member (Continued)

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

From Date								To Date								Number of working days	
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		

Type of Leave Taken								Reason for Leave							

### 3. Employment Details of the Member (Continued)

What attempts have been made to adapt the member's work environment or duties to accommodate his or her impairments? Please provide full details:


Was the member placed into another position prior to claiming for disability?  Yes  No

If Yes, please give details including job title and duties of the position, start and end date in this position and reason for member being placed in this position:


Was the member's normal occupation changed in any other way prior to claiming for disability?  Yes  No

If Yes, please give a detailed description of changes made, dates on which these changes were made and reasons for changes


What efforts have been made to retrain, skill, realign and accommodate the member in an alternative position?


Which aspects of the member's most recent job is he/she unable to do and why?


Can the member be placed in another/alternative occupation?  Yes  No

If No, please state why


If Yes, please give details of possible alternatives


### 3. Employment Details of the Member (Continued)

Will you be willing to accommodate the member in future?

Yes

No

When do you expect the claimant to resume his/her occupation?

On a part-time basis

Y	Y	Y	Y	M	M	D	D
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On a full-time basis

Y	Y	Y	Y	M	M	D	D
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Work Environment

Temperature range in place of work

				to		
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Decibel range in place of work

				to		
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Is the member exposed to any dust while working?

Yes

No

If Yes, please state the type of dust the member is exposed to:


Is the member exposed to any fumes while working?

Yes

No

If Yes, please list all fumes the member is exposed to:


Please give details of any known safety hazards in the member's job


Does the claimant's job involve any of the following?

	Yes	No	How Much?	What?
Lifting Weight				
Pushing Weight				
Carrying Weight				
Pulling Weight				

### 3. Employment Details of the Member (Continued)

Does the member's job involve any climbing?

Yes

No

If Yes, indicate what type of climbing (eg. Stairs, ladders, scaffolding) and frequency


How often is the claimant exposed to the following conditions?

	Always	Sometimes	Seldom	Never	Hours per day
Sitting					
Standing					
Walking on even terrain (Specify Kilometres per day)					
Walking on uneven terrain (Specify Kilometres per day)					
Kneeling					
Bending					
Climbing					
Use of both hands					
Use of fine co-ordination					
Physical strength or power					
Reaching above shoulders					
Reaching below shoulders					
Working in cramped spaces					

Where the member's job involves manual/ physical labour, please specify the task involved


Please list items used in the course of the member's work

Equipment used	
Tools used	
Materials used	
Machinery used	

#### Driving

Only complete this section if driving is a component of the member's job

License code/s required	
Type of vehicle/s driven	

### 3. Employment Details of the Member (Continued)

#### Average Distance Driven:

Per Day										Km
Per Week										Km
Per Month										Km

#### Flying

(Only complete this section if flying is a component of the claimant's job)

Type of Aeroplane	
Average Distance flown per week	
Average hours flown per week	

#### Communication Demands

Please indicate how much of the claimant's job requires the following Communication Requirements per day

	Always	Sometimes	Seldom	Never	Hours per day
Verbal Communication					
Written Communication					
Electronic Communication					
Telephonic Communication					
Communication with Client					
Communication Colleagues					
Reading					
Listening					
Conflict Resolution					

#### Cognitive Demands

Please indicate how much of the claimant's job requires the following Cognitive Requirements per day

	Always	Sometimes	Seldom	Never	Hours per day
Numeracy					
Calculations					
Memory					
Concentration					
Decision making					
Planning					
Administrational					

## 4. Income Details of Member

Gross Pensionable monthly income on last day actively at work.

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When did this salary become effective?

Y	Y	Y	Y	M	M	D	D
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Average gross monthly earned (excluding overtime and any other non-pensionable allowances) during the year before the member's current condition

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When did he/she last receive a full salary

Y	Y	Y	Y	M	M	D	D
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Did the member's pensionable income fluctuate during the year prior to the commencement of his /her condition?

Yes

No

If Yes, please supply details:


Has the member suffered a loss of income since the onset of his/her condition?

Yes

No

If Yes, please supply details:

Gross monthly income before the condition

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Gross monthly income since the condition

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If you have claimed and/or expect to receive any benefit, income or pension for this period, from any other employer, insurance company, pension/provident fund or from any other source, please specify:

Source of Benefit

Amount										Type					Payment Date/Commencement							
R										Lump Sum	Recurring Payment				Y	Y	Y	Y	M	M	D	D

Source of Benefit

Amount										Type					Payment Date/Commencement							
R										Lump Sum	Recurring Payment				Y	Y	Y	Y	M	M	D	D

Source of Benefit

Amount										Type					Payment Date/Commencement							
R										Lump Sum	Recurring Payment				Y	Y	Y	Y	M	M	D	D



