



Liberty Corporate – A division of Liberty Group Limited Reg. No. 1957/002788/06
an authorised Financial Service Provider (License No. 2409)
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EMPLOYER'S STATEMENT

To be completed by an authorised signatory or trustee of the scheme. Please answer each question in full – do not use a dash, correcting fluid or leave any fields blank. If not applicable, write N/A

Scheme name: _____
Employer's name: _____
Member's full name: _____
Member's ID number: _____

Benefit/s being applied for (Please tick the appropriate box):

- | | |
|--|---|
| <input type="checkbox"/> Occupational Capital Disability | <input type="checkbox"/> Progressive Capital Disability |
| <input type="checkbox"/> Occupational Income Plus Plan | <input type="checkbox"/> Progressive Income Plus Plan |
| <input type="checkbox"/> EduCator Benefit | |

EMPLOYMENT DETAILS

- A) Date on which the member commenced service with the employer _____
B) Date on which the member first became eligible for membership of the scheme: _____
C) Prior to the date of incapacity, was the member employed by you in a full-time capacity? Yes No

If not, please explain:

- D) What was the member's main occupation? (Please enclose a detailed job description)

- E) What do you believe to be the cause of the member's impairment?

- F) Is the member presently working? Yes No

If yes, in what capacity, part-time or full time? _____

- If part-time, state the percentage of normal working hours the member is working:
- Provide details of the occupation that the member is now able to perform:

- G) If the member is presently employed but has been unable to work due to a functional impairment, provide details of the period that he was absent from work:

From _____ To _____

(Please attach the member's sick leave record and medical certificates)

- H) If not at work, on what date was the member last at work? _____

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

