



Financial Insurance Company Limited
 Financial Assurance Company Limited
 (each part of AXA)
 P.O. Box 602, Shannon, Co. Clare

Employer's Statement

Part A : To be completed by Policyholder
 Part B & C : To be completed by Employer

Part A : Personal Details *(To be completed by Policyholder)*

Full Name:			
Address:			
Date of Birth:		Finance Provider:	
Claim Number:		Policy Number:	

Part B : Information on Employment *(To be completed by Employer)*

Start date of employment				
Hours worked per week				
Occupation				
Was the employment intended to be permanent?	Yes		No	
Date employee finished work				
Date employee was told they were to be made unemployed				
Was it a fixed term contract?	Yes		No	
If so, what were the dates	From		To	
Was the contract ever renewed?	Yes		No	
Was the employment seasonal?	Yes		No	
Reason for unemployment				
Did the employee lose their job for any of the following reasons:	Misconduct (including fraud)		Strike/Lockout	
	Retirement		Alcohol or drugs	
If you have employed this person before, please give details of previous period of employment	From		To	
Was the employee paid wages instead of getting notice?	Yes		No	
If 'yes' please confirm date they were paid up to				
Did the employee receive an RP50?	Yes		No	
If 'Yes', please submit a copy with this statement				
Was the employee working outside the Republic of Ireland?	Yes		No	
If 'Yes', please give dates	From		To	

What country was the employee working in?	
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Other Relevant Information

Part C : Employer's Information <i>(To be completed by Employer)</i>

Print Name:			
Position:			
Telephone Number:		Fax Number:	
Company Name & Address		Company Stamp (if you do not have a company stamp please provide a copy of the termination letter sent to employee)	
Signature:			Date: