



**Financial Insurance Company Limited
 Financial Assurance Company Limited
 (each part of AXA)
 Building 6 Chiswick Park,
 566 Chiswick High Road,
 London W4 5HR**

Employer's Statement

ONLY TO BE COMPLETED BY EMPLOYER or ACCOUNTANT/TAX OFFICE IF SELF EMPLOYED

Information on Employee	
Employee's Name:	
Employee's Address:	
Employee's Date of Birth:	
Employee's Occupation:	

Information on Employment					
Start date of employment					
Hours worked per week					
Date employee last worked					
Date employee was first away from work because of sickness					
Date returned to work Or Period the employee is expected to be away from work due to sickness/accident.	Weeks/months				
Nature of sickness					
Is the person still employed by you?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #d9e1f2; width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="background-color: #d9e1f2; width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
Yes		No			
If No, date employment finished					
Was the employee working outside the UK?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #d9e1f2; width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="background-color: #d9e1f2; width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
Yes		No			
If 'Yes', please give dates	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> </table>	From	To		
From	To				
What country was the employee working in?					

Other Relevant Information

Employer's Information	
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)
Postcode:	
Signature:	Date: