

4. Employment History

If the worker has been employed by you for less than five years, please provide details of previous employer within this period (use table)

EMPLOYER'S NAME	ADDRESS	TYPE OF INDUSTRY	OCCUPATION	PERIOD OF EMPLOYMENT

A worker's employment history is important as it may help Employers Mutual Indemnity (Workers Compensation) Limited to recover a percentage of the total claim.

5. Other Hearing Loss

Has any other employee made a claim for hearing loss in the same working area? If so, give details.

6. Give details of other circumstances which would assist the insurer to access the claim (eg. Do you query the validity of the claim? If so, why?)

In my opinion _____

7. Employer Declaration

I (print name, position) _____

declare that the details above are true and correct in every particular.

Signature of employer or authorised person

Date / /