**SALARIES RECORD FORM**

|  |
| --- |
|  |

***(Note: All fields must be fully completed)***

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Reg. No:**

 .

**Insured Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SSN:**

 **Name as it appears on the SS ID Card**

**Kindly indicate the employee’s last date worked, and the GROSS salaries for the period listed below:**

* Last date worked \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

***DD/ MM / YY***

(This information is important toaccurately process the employee’s benefit claim): **Double click on box below to fill out date of confinement. It will automatically calculate the other dates.**

***I certify that the above information is true and correct:***

Official Company Stamp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Employer / Representative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Name of Employer/Representative (In Block Letters)** *DD MM YY*