**SALARIES RECORD FORM**

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

**Employer/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Registration No.:**

 .

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

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

1. State if the Insured Person is**employed,** and indicate **last date worked,**and **timelast worked** prior to period of benefit claimed:
2. Presently employed: Yes No b.) Date last worked\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

*DD / MM / YY*

 **a.m.**

c.) Time last worked before illness\_\_\_\_\_\_\_\_\_\_\_ **p.m**.

1. State if Insured Person is/was on vacation leave during the period ofbenefit claimed:**Yes** **No**

|  |
| --- |
| ***DD / MM / YY*TO *DD / MM / YY*** |
|  **/ /** |  **/ /** |

1. If **YES**, please state vacation period:
2. **Kindly insert the Employee’s GROSS salaries for the period listed below. (This information important to accurately process the employee’s benefit claim): Double click on box below to fill out date of incapacity. It will automatically calculate the other dates.**

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

Signature of Employer/Representative

Name of Employer/Representative

(In Block Letters)

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

 ***DD MM YY***