

Employer Statement for Disability Insurance

Employee Information

Employee Name

Employee ID

Department

Position/Title

Date Hired

Employer Information

Employer Name

Address

Phone

Email

Employment Details

Last Day Worked

Reason for Absence

Is Employee Expected to Return?

Salary Information

Salary or Hourly Rate

Average Weekly Hours

Date Salary Began

Remarks/Additional Comments

Employer Signature

Date

Title