**Sensitive: Personal (when completed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLAIM DETAILS** | | | | |
| Customer’s Name: |  | | Claim Number: |  |
| Claim Owner: |  | | Employer: |  |
| **PAYMENT DETAILS** | | | | |
| Gross Pay: | | $ | | |
| Tax: | | $ | | |
| Pay Period: | | From:       To: | | |
| Employer: | |  | | |
| **DECLARATION** | | | | |
| I      , declare that the earnings details and information on this form are true and correct. | | | | |
| Signature: | |  | | |
| Date: | |  | | |
| **INFORMATION** | | | | |
| Please attach and forward the relevant pay slip(s)/ pay advice to Gallagher Bassett with this form.  **Failure to disclose correct earning details may result in a breach of the *Return to Work SA Act 2014*. Appropriate action will be taken for any such breaches.** | | | | |