**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.** |