

Employer's Statement Form Sample for Disability Benefits

The **Employer's statement form sample** for disability benefits provides a standardized template to document an employee's work history and medical condition. This form is essential for validating claims and ensuring timely processing of disability benefits. Employers can use this sample to accurately report relevant information to insurance providers or government agencies.

Section 1: Employee Information

Employee Name	_____
Employee ID/Number	_____
Job Title	_____
Department	_____

Section 2: Employment Details

Date of Hire	_____
Is Employee still working?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, last day worked	_____
Reason for absence	_____

Section 3: Disability Information

Date Employee became unable to work	_____
Was Accident/Illness Work Related?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide details: _____
Description of Condition	_____

Section 4: Salary and Benefits

Salary/Wage	\$ _____ per _____
Other Benefits	_____
Is Employee eligible for other leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 5: Employer Certification

Employer Name	_____
Contact Person	_____
Phone Number	_____
Signature	_____

Date	_____
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