



Coal Mines Insurance Pty Limited
ABN 70 000 011 727

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Employee Information Form

This information will be used to facilitate claims management and will ensure accurate reporting for the Coal Mining Industry.

Please complete all questions.

Policy Name: _____
Policy Number: _____
Is employee new to the industry? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES please provide the industry start date: ___/___/____ (dd/mm/yyyy)
Date commenced with your Company: ___/___/____ (dd/mm/yyyy)
Employee:
Surname: _____
First name: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: ___/___/____
Address: _____ _____ _____
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Terminated <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Retrenched <input type="checkbox"/> Resigned <input type="checkbox"/> Voluntary Retrenchment
Date of employment status change: ___/___/____
Occupation: _____

Changes to the above information are to be reported to Coal Mines Insurance on a monthly basis to ensure correct information is maintained. For multiple employees this information can be supplied in Excel format via email to: danny.ngo@coalservices.com.au

This form must be completed by an Authorised representative of the Company.

Name: _____

Position: _____

Signature: _____

Date: ___/___/____

Phone: _____