# **EARNINGS STATEMENT**

Employer		
Employee		
National Insurance (NI) Number		
Claim Reference	Date of Accident	
Date Absence Commenced	Date Returned to Work	

#### **PAYMENTS MADE IN 13 WEEKS PRIOR TO ABSENCE**

Week Ending	Hours Worked	Gross Wages	Income Tax	NI Contributions	Other	Net Pay

### **PAYMENTS MADE IN THE PERIOD OF ABSENCE** (if required continue on a separate sheet)

Week Ending	Wages inc Holiday Pay	Statutory Sick Pay	Non- contributory Sick pay	Income Tax or payment refunds	NI Contributions	Other	Net Pay



## **EARNINGS STATEMENT**

Are details above seasonal/normal?  YES  NO								
If seasonal, <sub>l</sub>	please attaci	h last year's l	P60					
SIGNATURE								
Employers Signature			Position			Date		

PLEASE COMPLETE AND RETURN TO:	claims@corin.com
or by post to:	Corin Underwriting Ltd
	70 Gracechurch Street
	London
	EC3V OHR

#### **Privacy Notice**

Corin gathers and process personal data in accordance with the EU General Data Protection Regulation (GDPR) and any relevant data protection legislation.

Personal data will not be passed to third parties except where consent has been given or where permitted by law. Personal data may be used by Corin or third parties for underwriting and claims purposes and in order to administer the Policy. Corin will ensure that personal data is kept secure, is used only for the purpose for which it was supplied and is retained only for as long as necessary. The full Privacy Notice is available at www.corin.com/privacy.

Corin Underwriting Limited is registered with the Information Commissioner's Office as a data controller and is listed on the Register of Data Controllers under registration number ZA219829.