

Claim for Unemployment Benefits

Latitude Insurance
PO Box 108022
Symonds St, Auckland
Phone: 0800 220 999
Fax: 0800 282 646
gemfinance.co.nz/insurance

Employer Certificate



Who needs to fill this out?

To be completed by your employer. If you are self-employed, you can fill this out yourself

Employee name: _____ Claim number: _____

Name of company: _____

Address: _____

Telephone number: _____

Employment Status

Full time Casual Seasonal Part time Fixed term contract Temporary Self employed

Occupation at time of unemployment: _____

If Self-employed please provide date business permanently ceased trading: Date: __ / __ / ____

Average number of hours worked per week: _____ Date of Hire: __ / __ / ____ Last day worked: __ / __ / ____

Reason for stopping work

Shortage of work (not redundancy) Illness Resignation Misconduct
Redundancy End of Contract Strike Abandonment
Retired Other

If 'Other' please advise of the reason for stopping work: _____

For seasonal, casual, temporary or fixed term contractor:

Was the employee's termination due to the natural expiry of their contract? Yes No

If No, please state date that the contract was due to expire: __ / __ / ____

Employer's signature:

Signed: _____ Date: __ / __ / ____

Title: _____ Company number: _____

Important notice:

If you are unable to provide documentary proof of your job loss, and you are unable to have your employer complete this form, please call us on **0800 220 999** for more options.