

EMPLOYER'S CERTIFICATE

Name of the Company:	
Office Address:	
Full Name of the Life Insured:	
Employee ID:	
Designation at work:	
Nature of Duties:	
Date of joining the service:	
Last Working Date:	
Date of death:	
Cause of Death:	

Details of the medical / sick leave taken in the last 5 years. Copies of Medical Certificates / records to be attached if provided by the Life Assured in support of the leaves

From	To	Reason as per Leave application/medical certificate

Details of the medical benefits availed by the employee

Name of the Medical Scheme	Claim amount	Nature of treatment / illness / hospitalization	Date of claim

Name of the authorized signatory	Designation	
Employee ID	Date	
Signature	Seal	