



Request for Information – Mid-year Leavers (Other than Death)

Policy Number :

Policy Name :

✉ **Employee Information**

Please give us the following details in respect of the employees leaving the scheme:

Sr.No	Name of the Employee	Employee ID	Member Certificate No.	Date of birth (DD/MMM/YY)	Sex (M/F)	Sum Assured	Date of leaving the Company* (DD/MMM/YY)	Reason for leaving the scheme (Other than Death)

* In case of loan cover, please specify the date of full repayment of the loan.

We declare that the information provided as regards these members is both true and accurate to the best of our knowledge.

Signed for and on behalf of the Company / Group

Signed By: _____

Date: _____

Place: _____

 Signature
 (Authorised Signatory)
 {Rubber Stamp and address}