

EMPLOYER'S CERTIFICATE

[NOTE: Please note that any change in ink / overwriting should be countersigned by the person / authority filling the form]

PART A – DETAILS OF THE LIFE ASSURED:

Name	
Address	
Date of Birth	
Policy Number(s)	

PART B – DETAILS OF EMPLOYMENT:

Date of joining the Company	
Exact Nature of duties	
Was he / she a permanent staff / temporary staff	
Last date of attending his job	
Reason for leaving employment	

PART C – LEAVE DETAILS:

Please provide details for leaves taken 3 years for the period from RCD

Period for which leave was availed		Type of leave (eg. medical leave / casual leave, etc)	In case of leave on medical grounds, whether medical certificate was produced	Amount claimed and reimbursed as medical assistance
From	To			

NOTES:

- i. In case Sick Leave has been availed please provide the medical certificates, reports and evidences submitted for the same.
- ii. In case more details are to be provided please attach an annexure, which should be signed and stamped by the authorized official

HDFC STANDARD LIFE INSURANCE COMPANY LIMITED

Regd. Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M.Joshi Road, Mahalaxmi, Maharashtra, Mumbai - 400 011, Phone: 022-6668 2666

PART D – DETAILS OF PRE – EMPLOYMENT HEALTH CHECK – UPS AND ANNUAL HEALTH CHECK – UPS:

Date of medicals	Name of the tests done	Any adversities found (Yes / No)	If adversity found, please describe it

Note: If reports are available, please provide the copies

PART E – DETAILS OF OTHER LIFE INSURANCE / MEDICLAIM POLICIES ON THE LIFE ASSURED:

Policy No	Name of the Company	Sum Assured	Risk Commencement Date	Any claim made under the Policy

Signature of the Authorized Signatory:	
Name and designation of the Authorized Signatory	
Company Address and Tel. No	
Company Stamp:	
Date:	