



Certificate By Employer

A. Details of the Life Assured:

Name	
Date of Birth	
Policy No	

B. Details of employment:

Employee Number	
Date of joining the Company	
Exact Nature of duties	
Date of joining the Group Insurance Scheme	
Last date of attending his job	
Reason for leaving employment	

C. Leave details:

Dates on which leave was availed		Type of leave (eg. Sick leave / Casual leave, etc)	Reason for the leave availed
From	To		

Notes:

- i. If death occurs in the 1st year of the member joining this Scheme, then please provide leave details for 20 days prior to the date of the member joining this Scheme.
- ii. If death occurs after the 1st year of the member joining this Scheme, then please provide leave details for 6 months prior to renewal date of this Scheme.

Signature of the Authorized Signatory: _____

Name and designation of the Authorized Signatory: _____

Company address and tel. No.: _____

Company Stamp:

Date: _____