



**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 1<sup>st</sup> 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 1<sup>st</sup> 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: \_\_\_\_\_