

Divisional Office

**Branch Office** 

## **CERTIFICATE BY EMPLOYER**

In connection with claim under Policy No. on the life of (insert full name of the deceased) I hereby, make the following statement:

1. a. Name in full.	
b. Address of the deceased.	
c. Nature of Employment	
d. Date of Joining Service	
2. (a) Date on which the deceased last	
attended duties.	
(b) (i) On what date did deceased first	
complain of illness which caused	
his immediate absence before	
death and	
(ii) Symptoms complained of	
(c) Date of death	
(d) Who informed you of the death of the	
deceased?	
(e) Approximate age of deceased at	Years
death.	

3. Record of absence from duty during the *period From To					
	Date of Leave From To	Nature of Leave Availed Casual or Privilege or Sick	Ground on which Leave Sought for	In the Case of Sick Leave whether Medical certificate Produced.	

(N.B): Please state nature of leave availed of Casual, privilege, Sick etc.. If on grounds of health, please state whether medical certificate was produced and if so, send copies of leave applications and certificates.

4. Is there any Medical Benefit Scheme for the employees in Your Office. If so, kindly give the particulars of the illness and treatment for which

Scheme to the deceased.

disbursements were made under the

Period From

To

**Particulars** 

Signature of Witness Designation

Address

Signature of Employer

Designation Address

Date

NOTE: The witness must not be a relative of the deceased nor a claimant under the policy. If the Certificate is signed in Vernacular by the Declarant the Witness is required to state below that the contents of the Certificate were explained to the Declarant in Vernacular and the gaps filled in at his dictation.

<sup>\*</sup>This period should commence from three years prior to the date of commencement of risk/date of revival and end with the date of death. D.O's should indicate the period with reference to the particular policy before issuing the form.