WITHOUT PREJUDICE

Employer's Certificate (For Death Claim)

(a) Form to be filled in English only
(b) Kindly fill up the form complete in all respects and accompanied by certified copies of leave applications & Medical Certificates
(c) Kindly be legible in filling up the form and ensure all information is declared correctly and clearly. DO NOT leave any columns blank

Policy No._____

Name of the Life Assured (Employee) _____

Employee No. / ID /PF ID _____

Date of Birth _____

Nature of Age proof submitted _____

Last/Current Designation _____

Temporary/Permanent _____

Date of joining service _____

Nature of employment Manual/Skilled/Unskilled/Technical/Clerical/Supervisory/ Managerial / Other. If other, Please specify:
_____

Details of Physical/Mental disabilities of Employee, as per records _____

Date on which Deceased last attended Office _____

Reason for discontinuation of Employment, if applicable _____

Date of intimation of illness _____

Date of death _____

Leave Particulars

Please furnish particulars of leave availed on medical grounds by the deceased for last 5 financial years.

Note:
***Please provide copies of the Medical Certificates/records provided by the Life Assured in support of the leave.**

Dates		Reasons as per Medical Certificate/Leave application	Medical Certificated Submitted(Yes/No)*

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Did your Company conduct pre-employment medical check up on this employee

☐ Yes ☐ No (If Yes, please attach copy of the reports)

Did your company conduct any Medical health check –up on the employee anytime in the last 5 years

☐ Yes ☐ No (If Yes, please attach copy of the reports)

Was the Life Assured covered under any Medical Insurance OR Reimbursement Scheme Yes / No

If yes, Please provide us the details of any medical disbursements/payments made to the Life Assured during the past 3 years along with copies of the medical certificates/records provided by the Life Assured.

Dates of illness	Particulars of illness and the details of Doctors /Hospitals where he was treated	Amount Disbursed

Signature of employer: _____

Designation: _____

Address _____

_____

_____

Stamp of the organisation

Employer's Phone No: _____

Place: _____

Date: _____