

EMPLOYER'S CERTIFICATE

(To be filled by the Employer of the deceased Life Insured)

1.	Nam	Name of the Company:						
2.	Address & Contact Details of the Company							
3.	Name of Deceased Employee:							
4.	Date	Date of Joining Service: Designation:						
5.	Last Date in Service: Gross Monthly Salary Last Drawn:							
6.	Date of Death: Cause of Death:							
7.	When did the Employee first complain of his / her illness and what was the nature of complain?							
8.	s. Was the employee covered under a mediclaim policy of the Company? If 'Yes', did he / she ever avail an							
	benefits under the policy. Please provide details.							
		ese provide deta	ails of the leave	l halieve	by the employe	ee in the last 3 years, specify	ving the type of leave	
J.	1 100	I		T availed i		If leave availed on	The type of leave.	
	r.	Date from which leave	Date of resumption	No. of	Type of Leave	sick grounds, whether	Reason for	
^	lo.	taken	of duties	days	25475	medical certificate produced (Yes / No)?	taking leave	
Se	al and	d Signature of t	he Authorised S	Signatory	of the Compa	ny:		
Na	me &	Designation:						
Pla	ice:					Date:		

Bharti AXA Life Insurance Company Ltd. IRDAI Regd. No. 130 dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. CIN No.: U66010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bhartiaxa.com | Comp-Feb-2022-4818

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