

EMPLOYER'S CERTIFICATE

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

1. Name of the Company:
2. Address & Contact Details of the Company
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3. Name of Deceased Employee:
4. 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?
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8. Was the employee covered under a mediclaim policy of the Company? If 'Yes', did he / she ever avail any benefits under the policy. Please provide details.
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9. Please provide details of the leave availed by the employee in the last 3 years, specifying the type of leave.

Sr. No.	Date from which leave taken	Date of resumption of duties	No. of days	Type of Leave	If leave availed on sick grounds, whether medical certificate produced (Yes / No)?	Reason for taking leave

Seal and Signature of the Authorised Signatory of the Company:

Name & Designation:

Place: Date: