

CERTIFICATE BY EMPLOYER

Policy No. _____

Date:

Details of Employee (Life Insured)

- a) Full Name _____
- b) Date of Birth (as mentioned in records) _____ Date of Joining _____
- c) Last/ Current Designation _____ Nature of Employment _____

Details related to death of Employee (Life Insured)

- a) Date of Death _____ Last working date _____
- b) Date of immediate absence from duties _____ Date of first complain by Life Insured _____
- c) Cause of Death _____

Details of Medical Leaves taken in the last 3 years. Please enclose copies of the Medical Certificates/ records provided by Life Insured in support of leaves availed.

Leave Type (Casual/ Medical/ Earned, etc.)	From	To	No. of Days	Reason as per Medical Certificate/ Leave application

Is there any Medical Benefit Scheme for the employees in your Company? If yes, has this employee ever availed any benefits under this scheme?

Signature of Authorised Signatory of the Company/ Employer _____

Full Name _____ Designation _____

Address _____

Contact no. _____ Company Name and Seal _____

Date _____

Pramerica Life Insurance Limited