

## Certificate By Employer

Policy No.				Date:	
<b>A.Details of Employee (Life Assured)</b>					
Full Name					
Employee No.					
Date of Birth (as mentioned in records)					
Date of Joining					
Nature of Employment	Manual	Skilled	Unskilled		
Managerial				Others	
Permanent/Temporary					
<b>B.Details related to death of Employee (Life Assured)</b>					
Date of Death				Last working date	
Date of immediate absence from duty					
Cause of Death					
Reason of discontinuance of employment (If any)					
<b>C.Details of Medical leaves taken in the last 3 years</b>					
*Note: Please enclose copies of Medical Certificate/Records Provided by Life Assured in support of leaves availed*					
Leave Type (Casual/Medical/Earned)	From	To	No. of Days	Reasons as per Medical Certificate/Leave Application	
<b>D.Is there Medical Benefit schemes (Medical Insurance/Reimbursement) for the company in your company?</b>					
No				Yes	
*If Yes, please provide the details of any medical disbursements/payments*					
Date of Illness	Particulars of illness and the details of doctors/hospitals where he/she was treated			Amount Disbursed	
Signature of the Authorized Signatory of the Company/Employer			Stamp/Seal of the Company		
Full Name of the Employer					
Address					
Contact no.					
Designation					
Date			Place		

### Pramerica Life Insurance Limited

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