

Certificate By Employer

Policy No.				Date:
A.Details of Employee (Life Assured)				
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.Details related to death of Employee (Life Assured)				
Date of Death			Last working date	
Date of immediate absence from duty				
Cause of Death				
Reason of discontinuance of employment (If any)				
C.Details of Medical leaves taken in the last 3 years				
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
D.Is there Medical Benefit schemes (Medical Insurance/Reimbursement) for the company in your company?				
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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