

LIFE INSURANCE CORPORATION OF INDIA

EMPLOYER S CERTIFICATE

Name of the Life Assured

Date of birth as per your records

Address of the Life Assured as per your records

Policy number/s

Branch :

Division :

Please answer the following questions :

1. What date did he/she join the company?

2. What is the exact nature of his/her duties/ job title?

3. When did he/she last attend work ?

4. Please provide details of his/her absence from work during the last 3 years:

Period of absence

From            To                      Reason for absence / Medical evidence submitted

5. Are his/her habits sober and temperate ?

6. Did he/she had/has any drinking/smoking/tobacco chewing or any other habits ? If yes, please provide details.

7. Please advise whether any medical claim in respect of the Life Assured has been settled under the Medical Benefit Scheme for Employees or/and Company Group Insurance Scheme for Employees (if any) during the three years since date. If yes, please give details.

8. Please provide any further information which may be of assistance to us in assessing the claim.

I \_\_\_\_\_ [name of the authorised signatory], employed with  
\_\_\_\_\_ [name of the Company] as \_\_\_\_\_  
[designation], do solemnly declare that the information given above is true and correct to the best of my knowledge and belief.

Signature of the employer

Date :

Place :

Name and Seal of the Company

Address of the company

Telephone number

Fax Number