CERTIFICATE BY EMPLOYER

edelweiss life insurance

Without prejudice

Policy No.: | | | | | | | | | | | | | | | | Date: D D M M Y Y Y Y

Name of the Life Assured / Proposer:

Address:

Pin code: | | | | | | Tel. No.: | | | | | | | | | | |

Details of the Employee (Life Assured / Proposer)	
1. Employee ID / Number: _____	
2. Date of joining: D D M M Y Y Y Y	Designation: _____
3. Income drawn (per annum) : _____	
4. Nature of employment	☐ Manual ☐ Skilled ☐ Unskilled ☐ Technical ☐ Clerical ☐ Supervisory ☐ Manager ☐ Other If other Please specify: _____
5. Temporary / Permanent Staff	☐ Temporary ☐ Permanent
6. Reason for discontinuation of employment	Reason: _____ Date of discontinuation: D D M M Y Y Y Y
7. Details of Physical/ mental disabilities of employees (please submit the copies of records)	
8. Please provide us additional information on his condition, which you feel, will helpful in assessing claim	
9. On what date did the Life Assured / Proposer first complain illness which caused his immediate absence before death	

On death of the Life Assured / Proposer provide the following details	
1. Date of death: D D M M Y Y Y Y	Place of death: _____
2. Cause of death:	Age at Death: _____ years

Details of Medical / Sick leave availed in last 5 years by the Life Assured / Proposer

(Please provide us with the copies of the medical certificates/records provided in support of the leave)

Dates		Reason for leave application

Mediclaim Details

Details of amount claimed under Mediclaim/health insurance policy during last five years	Name of the Insurer	Sum Assured	Amount of claim received	Date of claim

Did the Company conduct any health check up on the employee anytime in the last 5 years?

☐ Yes ☐ No (If yes please attach copies of the reports)

Details of the Insurance if any availed by the Life Assured / Proposer for which premium is deducted against salary

Name of the Insurance Co.	Policy Number	Commencement Date	Sum Assured	Status

Signed at _____ this _____ day of _____ 20_____

Name & Designation: _____ Tel. No.: _____

Date: _____ Stamp: _____