

**Certificate By Employer**

Policy Number:

Date:

1. Name and address of the company: \_\_\_\_\_
2. Name of the insured employee in full: \_\_\_\_\_
3. Nature of employment & Designation: \_\_\_\_\_
4. Gross Salary (p.a.): \_\_\_\_\_
5. Date of joining service:
6. Date on which the insured employee last attended duties:
7. Cause of event (Illness): \_\_\_\_\_
8. Is there any medical benefit scheme for the employees in your office? If yes, please provide details of the scheme and also details, \_\_\_\_\_

If the same were availed by the insured employee during the last 5 years.

10. Kindly give details of leave along with reasons for leave, availed by the insured employee for 5 consecutive days or more, over the last 3 years in the format appended below. (Please attach separate sheet if required)

From Date	To Date	No. of Days	Type of Leave	Reasons for leave	Date of resumption of duties

**DECLARATION**

We hereby certify that the above information is true and correct as per the records maintained by the Company. We hereby provide consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy.

Name of authorized signatory: \_\_\_\_\_

Signature and stamp: \_\_\_\_\_ Designation: \_\_\_\_\_

Email Id: \_\_\_\_\_ Contact No.:

Date:  Place: \_\_\_\_\_