

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Certificate By Employer

Dear Sir / Madam,

You are requested to duly fill this form (attach relevant leave record/ medical certificates) to enable Aditya Birla Sun Life Insurance Company Limited to process the Death Claim in respect of the deceased Life Assured promptly. Thanking you for the support and co-operation extended.

Policy Number/s:

Date of Issue:

1. Company Name:

2. Company Address:

3. Name of the Life Insured in full: _____

4. Age of Life Assured: 5. Nature of his/ her employment: _____

6. Designation: _____ 7. Date of joining service: 8. Gross Annual Income:

9. Date on which the Life Insured last attended duties: (please attach salary slip for the last 6 months)

10. Date of death: 11. Cause of Death: _____

12. Please provide details of medical benefits availed by the Life Insured for himself during the last 3 years either from the Company and/or from any insurance company (duly attested by the Company Official).

13. Please give details of medical leaves availed the last 3 years. If required, please attach separate sheet duly signed by the authorised signatory. Also provide us with copies of medical certificates, if any, submitted by the Life Insured (duly attested by the Company Official).

| From Date | To Date | No. of days | Type of leave | Reasons | Date of resumption of duties |
|-----------|---------|-------------|---------------|---------|------------------------------|
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Name of authorized signatory of the employer: _____ Designation: _____

Contact No.: E-mail id: _____

Signature of authorized person and stamp: _____

Date: Place: _____

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
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