

WITHOUT PREJUDICE



SBI LIFE INSURANCE COMPANY LIMITED

Employer Certificate (For Death Claim)

Policy No. _____

Name of the Life Assured _____

Employee No./ ID _____

Date of Birth _____

Last/Current Designation _____

Temporary/Permanent _____

Date of joining service _____

Nature of employment Manual/Skilled/Unskilled/Technical/Clerical/
Supervisory/ Managerial / Other.
If other, Please specify:

Last date in Service _____

Reason for discontinuation of
Employment, if applicable _____

Date of intimation of illness _____

Date of death _____

Who intimated the death of the Life Assured _____

When was the intimation received _____

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Leave Particulars

Please furnish Medical /sick leave particulars of the deceased for the period from _____ to _____

Dates		Reasons as per Medical Certificate/Leave application	Medical Certificated Submitted(Yes/No)*

Was the Life Assured covered under any other medical insurance or reimbursement scheme Yes / No

If yes, Please provide us details of any disbursements made to the Life Assured for the past 3 years along with copies of the medical certificates/records provided by the Life Assured.

Dates of illness	Particulars of illness	Amount Disbursed

Signature of employer

Designation

Address/Seal

Note:

*Please provide copies of the Medical Certificates/records provided by the Life Assured in support of the leave.