

**WITHOUT PREJUDICE**  
**SBI LIFE INSURANCE COMPANY LIMITED**

**ACTIVE AT WORK CERTIFICATE (FOR DEATH CLAIM)**

Policy No.

Date of Commencement of Policy:  D  D  M  M  Y  Y  Y  Y

Name of the Life Assured:

Employee No./ ID:

Date of Joining Service  D  D  M  M  Y  Y  Y  Y

Date of death:  D  D  M  M  Y  Y  Y  Y      Last date in Service:  D  D  M  M  Y  Y  Y  Y

This Certificate is issued for the period form \_\_\_\_\_ to \_\_\_\_\_

**Leave Particulars**

Please furnish particulars of sickness, injury, disability, medical / maternity leave of the deceased in the last 6 months prior to Date of Commencement of Policy

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

Name of Authorised Signatory :

Designation:

Address and Contact Details :

Contact Details :

Signature and Seal of Employer

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