

WITHOUT PREJUDICE

SBI LIFE INSURANCE COMPANY LIMITED

ACTIVE AT WORK CERTIFICATE (FOR DEATH CLAIM)

Policy No.																						
Date of Commencement of	Policy:	D	D	M	Υ	Y Y	Y	_														
Name of the Life Assured:																						
Employee No./ ID:																						
Date of Joining Service	D	DI	M	YY	Y	Y																
Date of death:	D	DI	M	YY	Y	Y			Last	t date	e in S	Servi	ce:		D	D	Μ	Μ	Y	Y	Υ	Υ
		~																				

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

Da	tes	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.

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri(East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: L99999MH2000PLC129113. Toll Free No. 1800 267 9090 (Customer Service timing: 24X7). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in