

Employer's Certificate : Form E

(Policy Number : _____, _____, _____)

Please furnish the details of the Life Assured under the policy who was your employee: Mr. / Mrs . / Ms. _____

1. Name of the Life Assured : _____
2. Employee Code No : _____
3. Address of the Life Assured : _____
: _____
: _____
4. Date of Birth of Life Assured : _____
5. Age as on last working day : _____
6. Occupation of the Life Assured : _____
7. Designation of the Life Assured : _____
8. Nature of duties : _____
9. Working Hours : _____

Please provide the details of medical Sick Leave taken in the last 5 years. Plase provide the copies of the Medical Certificates / Records provided by the life Assured in the support of the leave:

Date		Reasons as per Medical certificate / Leave application
From	To	

STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.

In case of hospitalization more than 3 days whilst availing sick leave or Leave without pay

Mention reason for leave : _____
 Duration of leave : _____
 Name of physician : _____
 Physicians phone no. : _____
 Hospital name : _____
 Duration of hospitalization : _____

(Please attach the discharge card submitted by the employee / life assured)

Details of any other mediclaim policy on the life of deceased (Please attach mediclaim details):

Date	Amount (Rs)	Reason for Claim

Place : _____

Date : _____

Address : _____

(Sign / Stamp / Seal of the employer)

 Signature of witness

Name of the witness : _____

Address of the witness : _____

Contact No : _____