

EMPLOYER'S CERTIFICATE

Policy Number: _____

Date: _____

A) Details of the Life Assured and Employment

Name of the Company:	
Office Address:	
Full Name of the Life Insured:	
Employee ID:	
Date of Birth	
Designation at work:	
Nature of Duties:	
Date of joining the service:	
Annual Income:	
Length of service:	
Temporary/Permanent Staff:	
Last Working Date:	
Date of death:	
Cause of Death:	

B) Please give the details of the medical / sick leave taken in the last 5 years. Please provide copies of the Medical Certificates / *records provided by the Life Assured in support of the leave Details of the medical / sick leave taken in the last 5 years.

(*In case more details are to be provided please attach an annexure, which should be signed and stamped by the authorized official)

From (DDMMYYYY)	To (DDMMYYYY)	Reason as per Leave application/medical certificate

C) If the employee has availed of any medical benefits, please provide the following details:

Name of the Medical Scheme/Name of TPA	Policy Number	Claim amount (Rs.)	Nature of treatment / illness / hospitalization	Date of claim

D) Did your Company conduct pre-employment medical check-up or annual health check-up on this employee?

Date of Medicals	Name of the medical tests done	Any adversities found (If Yes, please describe it)

Note: (If Yes, please attach copy of the reports)

E) Interview with Colleagues

Name of the Employee	Designation	Details of the Life Assured shared

F) Details of other Life Insurance Policies / Health Insurance Policies / Mediclaim Group Insurance Policies for which premium is deducted against salary:

Name of the Insurance Company	Policy Number Sum Assured (Rs.)	Riders Opted	Commencement Date	Premium Amount (Rs.)

I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife (whether contained in this statement or obtained otherwise) which may include KYC document to any individual / organization / entity associated or affiliated with or engaged by PNB MetLife including reinsures, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing this claim and/or for providing subsequent services.

Name of the Authorized Signatory: _____

Designation: _____

Company Address & Contact No: _____

Employee ID _____

Company Seal: _____

Signature: _____

Date: _____