ICICI PRUDENTIAL LIFE INSURANCE

CERTIFICATE BY EMPLOYER

(Format AJ)

Policy Number _____ Date : _____

1. Details of the Employee (Life Assured):

Name:	
Employee Number ID:	
Age on last working day (if applicable):	
Last / Current Designation:	
Temporary / Permanent Staff:	
Joining Date:	
Date of Confirmation:	
Nature of Employment:	Manual / skilled / unskilled / technical / clerical / supervisory / managerial / other. If other, please specify
Last Working Date (if applicable:)	
Reason for Discontinuation of Employment (if applicable):	

2. 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:

Dates		**Reasons as per medical certificate / leave application**
From	**To**	

3. If the employee has availed of any medical benefits, please provide the following details:

Name of the Medical Benefit / Scheme	**Amount claimed (Rs.)**	**Nature of treatment / illness / hospitalization**	**Date of claim**

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4. **Did your Company conduct pre-employment medical check up on this employee?**

   ☐ Yes ☐ No (**If Yes**, please attach copy of the reports)

5. **Did your Company conduct any Medical Health Check up on the employee anytime in the last 5 years?**

   ☐ Yes ☐ No (**If Yes**, please attach copy of the reports)

6. **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.)

Signed at _____ this _____ day of _____20 _____.

Signature : _____
Name : _____
Designation : _____
Address : _____
_____
_____
Tel no. : _____

Stamp of the Employer: