



EMC000101

**Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.**  
 Unitech Trade Centre, 2nd Floor, Sushant Lok, Phase-1, Sector-43, Gurgaon, Haryana, India – 122009

### Employer Certificate (Form – E)

**Policy no(s)** \_\_\_\_\_

- a) Name and Address of the deceased \_\_\_\_\_
- b) Date of Birth (as per records) / /
- c) Date of Joining Service / /
- d) Nature of Duties \_\_\_\_\_
- e) Date on which deceased last attended office / /
- f) Last salary drawn by the deceased (Rs. p.a.) \_\_\_\_\_ (Please enclose salary slip)
- g) Date of leaving employment with reasons for leaving, if any \_\_\_\_\_
- h) Date, Time and Place of Death / / , :  (a.m.  / p.m. ) \_\_\_\_\_
- i) Cause of Death \_\_\_\_\_
- j) Date of Intimation of Illness / /
- k) Date of immediate absence from work / /
- l) When was the death intimation received? \_\_\_\_\_
- m) Who intimated the death of the deceased? \_\_\_\_\_
- n) Leave particulars of the deceased for the past 3 years: (Please attach extra sheets if required and enclose medical certificates received for sick leaves detailed below)

| Nature of Leave | Date of leave | Date of Resuming Duty | Leave has been taken for medical reason(Yes/No) |
|-----------------|---------------|-----------------------|---|
|                 |               |                       |   |
|                 |               |                       |   |
|                 |               |                       |   |

Note: Please attach summary of leave records from HR

- o) Was the deceased covered under any medical scheme/ medical insurance scheme? Yes  No   
 Reimbursement details (Please attach extra sheets if required)

| Date of illness | Nature of illness | Amount Disbursed |
|-----------------|-------------------|------------------|
|                 |                   |                  |
|                 |                   |                  |
|                 |                   |                  |

Signature of Employer \_\_\_\_\_  
 Name and Designation of the Employer \_\_\_\_\_  
 Address \_\_\_\_\_

Telephone (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Date / /

Company's Seal \_\_\_\_\_

Signature of Witness (**Mandatory**) \_\_\_\_\_ Date / /

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Contact no. \_\_\_\_\_

(This form must be witnessed by any one of the following: (1) An agent of the Company, (2) A Relationship Manager of the Company, (3) A Branch Manager of the distributing bank, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) A Gazetted Officer, (6) A Head Master / Principal of a Govt. School, (7) A Magistrate (8) Any employee of the Company.)