EMC000101

Canara HSBC LIFE INSURANCE

Canara HSBC Life Insurance Co. Ltd.
139 P, Sector 44, Gurugram – 122003, Haryana (India)

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 Comp any, (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.)