



EMC000101



LIFE INSURANCE

**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.)

**Canara HSBC Life Insurance Company Limited**

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) IRDAI Regn. No. 136

**Head Office Address:** 139 P, Sector 44, Gurugram – 122003, Haryana, India**Registered Office Address:** 8<sup>th</sup> Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001**Corporate Identity No:** U66010DL2007PLC248825

Call us at 1800-103-0003/1800-180-0003/1800-891-0003

E-mail us at customerservice@canarahsbclife.in

SMS at 7039004411

Visit our website at www.canarahsbclife.com