



EMC000101



Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.
2nd Floor, Orchid Business Park, Sector - 48, Sohna Road, Gurugram, Haryana, India – 122018

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)

Table with 4 columns: 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)

Table with 3 columns: 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.)