

## EMPLOYER'S CERTIFICATE

**[NOTE: Please note that any change in ink / overwriting should be countersigned by the person / authority filling the form]**

### PART A – DETAILS OF THE LIFE ASSURED:

Name	
Address	
Date of Birth	
Policy Number(s)	

### PART B – DETAILS OF EMPLOYMENT:

Date of joining the Company	
Exact Nature of duties	
Was he / she a permanent staff / temporary staff	
Last date of attending his job	
Reason for leaving employment	

### PART C – LEAVE DETAILS:

Please provide details for leaves taken 3 years for the period from RCD

Period for which leave was availed		Type of leave (eg. medical leave / casual leave, etc)	In case of leave on medical grounds, whether medical certificate was produced	Amount claimed and reimbursed as medical assistance
From	To			

#### **NOTES:**

- i. In case Sick Leave has been availed please provide the medical certificates, reports and evidences submitted for the same.
- ii. In case more details are to be provided please attach an annexure, which should be signed and stamped by the authorized official

HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).

CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011, Phone: 022-6668 2666

**PART D – DETAILS OF PRE – EMPLOYMENT HEALTH CHECK – UPS AND ANNUAL HEALTH CHECK – UPS:**

Date of medicals	Name of the tests done	Any adversities found (Yes / No)	If adversity found, please describe it

**Note:** If reports are available, please provide the copies

**PART E – DETAILS OF OTHER LIFE INSURANCE / MEDICLAIM POLICIES ON THE LIFE ASSURED:**

Policy No	Name of the Company	Sum Assured	Risk Commencement Date	Any claim made under the Policy

<b>Signature of the Authorized Signatory:</b>	
<b>Name and designation of the Authorized Signatory</b>	
<b>Company Address and Tel. No</b>	
<b>Company Stamp:</b>	
<b>Date:</b>	

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