

# LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

## CRITICAL ILLNESS RIDER CLAIM FORM

(Questionnaire to be completed by the specialist who has treated the life insured for the illness)

Group Policy Number:  Member id:

Name of Group Policyholder:

Full Name of Member:

Nature of Critical Illness:

Date of Diagnosis:

Details of leave availed by the Life Insured on sick grounds during last three years:  
(If required, please attach separate sheet duly signed by the Policyholder)

From Date	To Date	No. of Days	Type of Leave	Resons	Date of Resumption of duties

We hereby certify that the particulars given above are correct and above Member is covered under the Policy and all the premiums due in respect of him/her have been paid to Aditya Birla Sun Life Insurance Company Limited (ABSLI).

For and on behalf of the Group Policyholder

\_\_\_\_\_  
(Signature of Authorized Person along with Group Policyholder's Seal)

Date:  Place: \_\_\_\_\_

### Documents to be filed:

- 1) Claimant Statement
- 2) Doctor's Questionnaire
- 3) Family Physician's Certificate
- 4) Copies of all Medical / Treatment Reports duly attested by Group Policyholder

