

Life Insurance

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

Certificate By Employer

Policy Number:

Date:

- Name and address of the company: _____
- Name of the insured employee in full: _____
- Nature of employment & Designation: _____
- Gross Salary (p.a.): _____
- Date of joining service:
- Date on which the insured employee last attended duties:
- Cause of event (Illness): _____
- Is there any medical benefit scheme for the employees in your office? If yes, please provide details of the scheme and also details, _____

If the same were availed by the insured employee during the last 5 years.

- Kindly give details of leave along with reasons for leave, availed by the insured employee for 5 consecutive days or more, over the last 3 years in the format appended below. (Please attach separate sheet if required)

From Date	To Date	No. of Days	Type of Leave	Reasons for leave	Date of resumption of duties

Declaration

We hereby certify that the above information is true and correct as per the records maintained by the Company. We hereby provide consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy.

Name of authorized signatory: _____

Signature and stamp: _____ Designation: _____

Email Id: _____ Contact No.:

Date: Place: _____

FOR/11/17-18/1074

Customer Acknowledgement slip

Policy No.: _____ Reference No.: _____

Type of requirement: _____ Received by: _____

Date: Employee Code: _____

Signature: _____

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound,

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adityabirlacapital.com

