

EMPLOYER'S CERTIFICATE

Name of the Company:								
Office Address:								
Full Name of the Life Insured:								
Employee ID:								
Designation at work:								
Nature of Duties:								
Date of joining the service:								
Last Working Date:								
Date of death:								
Cause of Death:								
Cause of Death:								
Details of the medical / sici in support of the leaves	k leave ta	Ken in the last 5 y	rears				cached if provided by the Life Assured	
From		10		Reason as per Leave application/medical certificate				
Details of the medical benefits availed by the employee								
Name of the Medical Scheme		Claim amount		Nature of treatment / illness / hospitalization			Date of claim	
Name of the state of					Designation			
Name of the authorized signatory					Designation			
Employee ID					Date			
Signature					Seal			
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PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.

CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203