



## Employer Questionnaire

Following are the Questions pertaining to Life Assured and has to be filled by the Employer

- 1 Name of the Life Assured: \_\_\_\_\_
- 2 Age of the Life Assured: \_\_\_\_\_
- 3 Address of the Life assured : \_\_\_\_\_
- 4 Designation: \_\_\_\_\_
- 5 Date of Joining of service: \_\_\_\_\_
- 6 Date when Life Assured: \_\_\_\_\_  
last attended the work
- 7 Whether Life Assured has availed any leave on medical grounds? If yes then provide details as per the following:

| Date of leave | Nature of Leave | Reasons for taking |
|---------------|-----------------|--------------------|
| From to       |                 | Leave              |

\*Please also provide us the copies of leave application and the medical certificates given by the Life Assured.



8 Has Life assured availed any Medical Benefit / Reimbursement Scheme? If yes then provide us the details of illness and treatment for which Medical Benefit/ Reimbursement has been given.

7. Please provide any additional information on his condition, which you feel, will be helpful in processing the claim.

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Signature of the Authorised Signatory of Employer

Designation:-----

Address: -----

Date

Please also put your office seal.