



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.

Signature of the Authorised Signatory of Employer

Designation:-----

Address: -----

Date

Please also put your office seal.