

Employer Questionnaire

Following details are pertaining to the Life Insured and should be filled by his/her Employer

- Name of Life Insured
- Date of Birth
- Current Address
City State Pin Code
- Designation of Life Insured
- Date of Joining
- Date when Life Insured last attended work
- Whether Life Insured has availed any leave on medical ground in last 3 years? If yes, please provide below details

Date of Leave		Nature of Leave	Reason for Leave
From	To		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

* Please provide us copies of leave application and medical certificates given by Life Insured

- Has life Insured availed any medical benefit/reimbursements scheme in last 3 years? If yes, then please provide us details of illness and treatment for which medical benefit/reimbursement has been given

- Please provide any additional information on his/her condition, which you feel, will be helpful in processing the claim




Name and Designation of Employer: _____

Signature of Authorised Signatory of Employer

Date:

Office Stamp

Address:

 Aviva Life Insurance Company India Limited Aviva Tower, Sector Road, Opposite Golf Course DLF Phase-V, Sector 43, Gurugram-122003 www.avivaindia.com	 Customer Service Helpline Number 1800-103-77-66 (Toll Free) 0124-270-9046	 Email claims@avivaindia.com
---	---	---