



# FUTURE GENERALI

## TOTAL INSURANCE SOLUTIONS

### EMPLOYER QUESTIONNAIRE

Policy No.		Claim No.	
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#### 1. LIFE ASSURED'S INFORMATION

Name of the Life Assured			
Address of the Life Assured			
Date of Birth			
Date of joining		Date of resignation/Last date of Work	
Last designation held			

#### 2. DETAILS OF ILLNESS/DEATH

Date of intimation of illness/accident	
Symptoms complained of	
Date of Symptom/Accident	
Date of Death	
Who intimated the death of the deceased?	
Brief Details of Illness/Accident	

#### 3. LEAVE PARTICULARS

Leave particulars of the deceased for the period from \_\_\_\_\_ to \_\_\_\_\_

Nature of leave	Dates of leave	Date of Joining	If Sick leave, Medical Certificate received or not (If yes, provide copy)

#### 4. ANY OTHER INFORMATION


#### 5. EMPLOYER DECLARATION

I/We hereby declare that the above information has been verified by us to the best of our knowledge and belief.

Name of Signatory	<input type="text"/>	Company Name	<input type="text"/>
Designation	<input type="text"/>	Company Address	<input type="text"/>
Signature	<input type="text"/>		<input type="text"/>
Date	<input type="text"/>	Company Seal/Stamp	<input type="text"/>