

EMPLOYER QUESTIONNAIRE

Policy No.					Claim No		
1. LIFE ASSURED'S INFORMATION							
Name of the Life Assured							
Address of the Life Assured							
Date of Birth							
Date of joining				Date of r	Date of resignation/Last date of Work		
Last designation held							
2. DETAILS OF ILLNESS/DEATH							
Date of intir	nation of illness	/accident					
Symptoms	complained of						
Date of Syn	nptom/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		Da	Dates of leave Date of		e 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				Compan	Company Name		
Designation				-	Company Address		
						1	
Signature							
Date					Company Seal/Stamp		

FUTURE GENERALI INDIA LIFE INSURANCE COMPANY LIMITED • Corporate Office: Indiabulls Finance centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone (W), Mumbai - 400 013. Tel.: 91-22-4097 6666 Fax: 91-22-4097 6600 • Operations Hub: Lodha i-think Techno Campus, 1st Floor, A Wing, Pokhran Road No.2, Behind TCS, Thane (W) - 400 601. Call us at: 1800 102 2355 • email: care@futuregenerali.in • Website: www.futuregenerali.in • IRDAI Regn. No. 133 • CIN : U66010MH2006PLC165288