



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 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	s of leave	Date of Join	ing	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			Company	Company Name		
Designation			Company Address			
Signature						
Date			Company	Company Seal/Stamp		

Future Group's and Generali Group's liability is restricted to the extent of their shareholding in Future Generali India Life Insurance Company Limited. (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@futuregenerali.in | Call us at 1800 102 2355 | Website: life.futuregenerali.in