

Certificate by employer Death/Health Care

To be completed by the officer of the institution
where the insured was employed

Policy details

(Tick appropriate block) DEATH DISABILITY HEALTH CARE

This certificate is required to consider a claim under policy no./scheme code

Membership number on the life of

Employee

1. PARTICULARS OF EMPLOYEE

a) Date of birth: (dd/mm/yyyy) ID number:

b) Occupation: Salary reference no.:

c) Period of employment: from to

d) Income tax reference No.:

e) Name of income tax office:

Sick-record

2. EXTRACT FROM SICK-RECORD (PRIOR TO)

From - To	Reason	Name of hospital/clinic/doctor	Address of hospital/clinic/doctor

Name of employee's medical aid scheme:

General

3. DID THE LIFE INSURED APPEAR HEALTHY WHILE IN YOUR EMPLOYMENT?

Employer

Dated at Date:

Signature of authorised official Name

Institution

Address

Tel

OFFICIAL STAMP

