

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office _____ Branch Office _____

**Claim for Disability/Sickness Benefit under Nav Prabhat Plan
Questionnaire on EARNING TEST
(To be completed by the Employer)**

Policy No. : _____ Claim No. : _____
Name of Life Assured : _____ Date of birth and Age : _____
Employee No./S.R.No./Badge No./ID No. _____ Department: _____

1. Date of joining the company: _____
2. Designation of the employee _____
3. Nature of duties : _____
(eg. Clerical/ Managerial/ Technical/ Salesman, etc.)
4. Monthly Salary (Gross) last pay (month of pay & gross amount) _____
5. Date when attended work last: _____
6. Leave Record of the employee for last 3 years including reasons for absence:

Period of absence	Type of Leave	Reasons for leave
From	To	
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby confirm that the information provided above is true to the best of my knowledge.

Signature of the Authorised official
of employer with Office Seal

Name and designation of the Authorised Signatory :
Name of the employer:
Address of the employer:
Telephone number of the employer:

Date : _____ Place _____