



EMPLOYER'S STATEMENT

This statement must be completed by the employer, or his duly authorized agent, such as a Superintendent Paymaster, etc. It **MUST NOT** be completed by a Clerk, Bookkeeper or Foreman, unless specially authorized, nor by any Agent of IGI Life Insurance Limited

1. Full name of Insured :
2. Name and business address of Insured's employer:
3. When was Insured compelled to give up his duties ? (Give exact date.)
4. When did Insured return to work ?
5. Was Insured's injury the sole cause of his absence from duty for all of the above period ? If not, give particulars.

Date

Seal & Signature

Name

Title