

*(To be obtained on the employer's letterhead)*

## C E R T I F I C A T E

Certified that Shri / Smt. \_\_\_\_\_ has been working in this organization since \_\_\_\_\_ and he/she is entitled for medical aid/medical allowance and reimbursement of medical expenses from this organization. He/she has however, voluntarily opted to relinquish his/her entitlement for such medical aid to himself/herself and dependent family members with effect from \_\_\_\_\_ and this organization has no objection to consider his/her request.

This certificate has been issued on his/her request to get medical aid facility to himself/herself and family members offered by his/her spouse's organization.

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**Signature of the Employer & Seal**

