

Employee Declaration (Leave Encashment)

I, JAINENDRA KUMAR SHARMA (name of the employee), do hereby confirm that prior to UnitedHealth Group

☒ I have **NOT received** Leave Encashment payment from any of previous employer/s.

OR

☐ I have received Leave Encashment payment from previous employers. The details of Leave Encashment received and claimed as tax exempt during the course of previous employment/s is as under -

| Name of the Employer | Leave Encashment Received (in INR) | Leave Encashment claimed as tax exempt (in INR) |
|----------------------|------------------------------------|---|
| | | |
| | | |
| | | |
| Total | | |

I request you to kindly consider the above, while allowing / computing taxability of leave encashment in my hands.

I abide by the above declaration and the consequence thereof arising out of this declaration.

Employee Name: JAINANDRA KUMAR SHARMA

Employee Number: 001406286

Date: 06-MAY-2021

Location: FARIDABAD

Jainendra
(Employee Signature)