

Employee Declaration (Gratuity)

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

☐ I have **NOT received** Gratuity payment and hence not claimed any tax benefit arising out of Gratuity payment from any of my previous employer/s.

OR

☐ I have received Gratuity payment from the previous employer/s. The detail of Gratuity received and claimed as tax exempt during the course of previous employment/s is as under -

Name of the Employer	Gratuity Received (in INR)	Gratuity claimed as tax exempt (in INR)
Total		

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

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

Employee Name:

Employee Number:

Date:

Location:

(Employee Signature)