

## Group Policy Claim Summary Request Form

Group/Company Name	<input type="text"/>
Policy Number	<input type="text"/>
Insured Member Name	<input type="text"/>
Member ID/Employee Number	<input type="text"/>
Requester Email	<input type="text"/>
Claim Period	<input type="text"/> <input type="text"/>
Summary Type	<input type="text"/> Select <input type="button" value="▼"/>
Purpose / Additional Requests	<input type="text"/>
Date of Request	<input type="text"/>
Requested By	<input type="text"/>