

# Claims Experience Report

## Group Insurance: [Group Name]

**Report Date:** [MM/DD/YYYY]  
**Coverage Period:** [MM/DD/YYYY] - [MM/DD/YYYY]  
**Policy Number:** [Policy No.]  
**Number of Insured Members:** [Number]

### Summary of Claims

Type of Benefit	No. of Claims	Total Amount Claimed	Total Amount Paid	Average Claim Amount
Life	--	--	--	--
Accidental Death	--	--	--	--
Critical Illness	--	--	--	--
Hospitalization	--	--	--	--
Other	--	--	--	--

### Trends and Observations

[Provide brief analysis or notes here on claim patterns, action required, or notable insights.]

### Prepared By

**Name:** [Preparer's Name]  
**Designation:** [Title/Department]  
**Contact:** [Email / Phone]