

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]