

# Group Health Insurance Risk Evaluation Sheet

## Group Information

Group Name	<input type="text"/>
Industry Type	<input type="text"/>
Location	<input type="text"/>
Contact Person	<input type="text"/>
Contact Number	<input type="text"/>
Email	<input type="text"/>

## Employee Data

Total Number of Employees	<input type="text"/>
Total Number of Dependents	<input type="text"/>
Average Age	<input type="text"/>

## Historical Claims Data

Year	No. of Claims	Total Claim Amount	No. of Hospitalizations	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Current Insurance Details

Current Insurer	<input type="text"/>
Policy Type	<input type="text"/>
Sum Insured per Employee	<input type="text"/>
Annual Premium	<input type="text"/>

## Additional Information & Notes

Add any remarks or relevant notes:
<input type="text"/>