

Group Health Insurance Risk Evaluation Sheet

Group Information

Group Name

Industry Type

Location

Contact Person

Contact Number

Email

Employee Data

Total Number of Employees

Total Number of Dependents

Average Age

Historical Claims Data

Year	No. of Claims	Total Claim Amount	No. of Hospitalizations	Notes
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Current Insurance Details

Current Insurer

Policy Type

Sum Insured per Employee

Annual Premium

Additional Information & Notes

Add any remarks or relevant information here.