

Group Insurance Coverage Benefit Summary

Group Information

Group Name: _____

Group Number: _____

Policy Effective Date: _____

Employee Information

Employee Name: _____

Employee ID: _____

Coverage Effective Date: _____

Benefits Summary

Benefit Type	Coverage Amount	Eligible Persons	Notes
Life Insurance	_____	Employee	_____
Accidental Death & Dismemberment	_____	Employee	_____
Dependent Life Insurance	_____	Spouse / Child(ren)	_____
Health Insurance	_____	Employee & Family	_____
Dental Insurance	_____	Employee & Family	_____
Disability Insurance	_____	Employee	Short/Long Term

Additional Information

Prepared By: _____

Date: _____