

Group Life Insurance Underwriting Analysis Form

1. Group Information

Company/Group Name	<input type="text"/>	Address	<input type="text"/>	Contact
Person	<input type="text"/>	Contact Phone	<input type="text"/>	Email
<input type="text"/>				

2. Group Profile

Nature of Business	<input type="text"/>	Number of Employees	<input type="text"/>
Average Age	<input type="text"/>	Date Established	<input type="text"/>

3. Plan Details

Sum Insured per Employee	<input type="text"/>	Plan Type	<input type="text" value="Select"/>	Additional
Benefits (if any)	<input type="text"/>			

4. Medical & Claims History

Previous Insurer (if any)	<input type="text"/>	Past 3 Years Claims Ratio
<input type="text"/>		<input type="text"/>
<input type="text"/>	Notable Claims/Incidents	

5. Underwriter's Notes & Remarks