

# Group Name Claims Report

Final Decisions Report: 01/01/2017 through 03/01/2017

Claimant Name	Employee ID	Claim Number	Coverage Type	Claim Status	Total Amount Paid	Claim Status Effective Date	Employer
Employee A	<a href="#">123456789</a>	1234	Basic Life	Claim Paid	\$15,008.15	03/01/2017	Group Name
Employee B	<a href="#">123456789</a>	1234	Spouse Life	Beneficiary Statement Needed	\$0	01/12/2017	Group Name
Employee C	<a href="#">123456789</a>	1234	Voluntary Life	Claim Paid	\$250,024.45	01/13/2017	Group Name

Sample