Non-Death Claim Document Submission Form (Group Insurance)

The Insured's Name-Surname..... Sex ☐ Male ☐ Female Identification No.: ..... Telephone .....
E-mail.....Current Address .....
Policy No.....Employer's Name (Company, Organization).....
Agent/Brokerage Company's Name.....Agent Code.....Telephone.....E-mail .....

· Submit for the first claim · Submit the additional documents notified by the Company · Submit the additional documents for reconsideration

Please mark in the column ☑ in front of the list of submitted documents only.
Documents required for submission to support each type of claim consist of the following.

		In the Case of Medical Treatment Expense/Daily Compensation Claim from IPD Illness	Quantity/Issue	Remark
☐	1	Non-Death Claim Document Submission Form (Medical Treatment Expenses/Daily Compensation)		
☐	2	Health Insurance Claim Form-IPD Treatment		
☐	3	Original Receipt of Medical Treatment Expenses		
☐	4	Original Medical Certificate		
☐	5	Receipt Detail Sheet (Type, Quantity, Price)		
☐	6	Treatment History		
☐	7	Copy of Payment Sheet of Other Insurances or Other Agencies (in the Case of Excess of Right)		
☐	8	Letter of Consent in the Case of Non-Death Claim		
☐	9	Photograph of the Insured along with Identification Card		
☐	10	Certified True Copy of Bankbook		
☐	11	Letter of Consent for Request of Medical Report for 3 Sets		
☐	12	Certified True Copy of the Insured's Identification Card for 3 Sets		
☐	13	Others		
		In the Case of OPD Medical Treatment Expense Claim in the Case of Illness, Accident and Dentistry	**Quantity/Issue**	**Remark**
☐	1	Non-Death Claim Document Submission Form (Medical Treatment Expenses/Daily Compensation		
☐	2	OPD Claim Form in the Case of Illness, Accident and Dentistry		
☐	3	Original Receipt of Medical Treatment Expenses		
☐	4	Original Medical Certificate		
☐	5	Receipt Detail Sheet (Type, Quantity, Price)		
☐	6	History of Treatment		
☐	7	Letter of Consent in the Case of Non-Death Claim		
☐	8	Certified True Copy of Bankbook		
☐	9	Letter of Consent for Request of the Medical Report for 3 Sets		
☐	10	Certified True Copy of the Insured's Identification Card for 3 Sets		
☐	11	Others		

Document Submitter's Signature..... Document Submission Date.....

For the Company's Officer
Verified the document by.....Date..... ☐ Complete ☐ Incomplete
Remark.....

The Company will proceed with the consideration of indemnity compensation within 15 days from the date on which the Company has completely received supporting documents for indemnity consideration. In the case where there is a doubtful cause that the claim for the Company's reimbursement of indemnity is not in line with coverage conditions, the Company may extend the specified period as required and the insured, his/her heir or beneficiary shall provide facts to the Company. The Company will take time and notify the result within the schedule of 90 days from the date on which the Company has completely received supporting documents.

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