# Reported And Paid Life Claims



#### CITY OF SAN ANGELO

## Reported Period from 01/01/2015 through 08/31/2018

As of Date: 09/30/2018

<u>Claimant</u>	<u>Claim</u> Number	Ge	n <u>Date Of</u> Birth	Date Of Disability	Claim Received Date	Current Claim Status	Status Process Date	Reported Rated Amount	Reported Pooled Amount	Paid Rated Amount	Paid Pooled Amount	Paid Interest Amount
olicy Number: 871918G	Loss Unit: 001-C	TY OF	SAN ANGELO	Product:	BASIC CI	aim Type : AD	<u>&amp;D</u>					
	15250150	M	1970 0	06/25/2015	08/11/2015	APPROVED	08/11/2015	0.00	12,500.00	12,500.96	0.00	0.96
					Total f	or this Claim 1	ype: AD&D	0.00	12,500.00	12,500.96	0.00	0.96
						Total for this	Product: BASIC	0.00	12,500.00	12,500.96	0.00	0.96
olicy Number: 871918G	Loss Unit: 001-C	TY OF	SAN ANGELO	Product:	BASIC DEPEN	IDENT CI	aim Type : Life					
	15679787	-	1990	3/13/2016	12/22/2016	APPROVED	12/22/2016	0.00	1,500.00	1,500.05	0.00	0.05
					Tota	al for this Clair	n Type: Life	0.00	1,500.00	1,500.05	0.00	0.05
					Total for this	Product: BAS	IC DEPENDENT	0.00	1,500.00	1,500.05	0.00	0.05
olicy Number: 871918G	Loss Unit: 001-C	ITY OF	SAN ANGELO	Product:	BASIÇ TERM	Claim Tyr	oe : Life					
	15616032	М	1961 0	7/26/2016	10/10/2016	APPROVED	10/10/2016	0.00	10,000.00	10,006.03	0.00	6.03
	15954066	М	1964 1	11/06/2017	11/30/2017	APPROVED	11/30/2017	0.00	10,000.00	10,006.02	0.00	6.02
	16091303	М	1960 0	01/02/2018	04/30/2018	APPROVED	04/30/2018	0.00	10,000.00	10,003.61	0.00	3.61
	15250145	М	1970 (	06/25/2015	08/11/2015	APPROVED	08/11/2015	0.00	10,000.00	10,008.44	0.00	8.44
	15430560	М	1952 (	01/29/2016	03/09/2016	APPROVED	03/09/2016	0.00	10,000.00	10,000.77	0.00	0,77
					Tota	al for this Clair	n Type: Life	0.00	50,000.00	50,024.87	0.00	24.87
					Total	for this Produc	t: BASIC TERM	0.00	50,000.00	50,024.87	0.00	24.87
olicy Number: 871918G	Loss Unit: 001-C	ITY OF	SAN ANGELO	Product:	SUPPLEMENT	TAL DEPENDE	NT Claim Ty	oe : Life				
	15526264	F	1966 (	05/23/2016	06/22/2016	APPROVED	06/23/2016	0.00	25,000.00	25,000.55	0.00	0.55
	15871585		1992	06/07/2014	08/18/2017	APPROVED	08/18/2017	0.00	10,000.00	10,128.11	0.00	128.11
					Tota	al for this Clair	n Type: Life	0.00	35,000.00	35,128.66	0.00	128.66
				Total for t	this Product: S	SUDDI EMENT	AL DEPENDENT	0.00	35,000.00	35,128.66	0.00	128.66

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As of Date: 09/30/2018

Claimant	<u>Claim</u> <u>Number</u>	<u>Gen</u>	<u>Date Of</u> <u>Birth</u>	Date Of Disability	Claim Received Date	<u>Current</u> <u>Claim</u> Status	Status Process Date	Reported Rated Amount	Reported Pooled Amount	<u>Paid</u> <u>Rated</u> <u>Amount</u>	<u>Paid</u> <u>Pooled</u> <u>Amount</u>	Paid Interest Amount
Policy Number: 871918G	Loss Unit: 001-Cl	TY OF SA	N ANGELO	Product:	VOLUNTARY	(CHOICE)	Claim Type : Life					
	15616032	М	1961	07/26/2016	10/10/2016	APPROVED	10/10/2016	0.00	100,000.00	100,000.00	0.00	0.00
	15954066	М	1964	11/06/2017	11/30/2017	APPROVED	11/30/2017	0.00	100,000.00	100,000.00	0.00	0.00
	16091303	М	1960	01/02/2018	04/30/2018	APPROVED	04/30/2018	0.00	100,000.00	100,000.00	0.00	0.00
	15250145	М	1970	06/25/2015	08/11/2015	APPROVED	08/11/2015	0.00	100,000.00	100,000.00	0.00	0.00
e <u>"</u>					Tota	al for this Clair	π Type: Life	0.00	400,000.00	400,000.00	0.00	0.00
51				Te	otal for this Pro	oduct: VOLUN	TARY (CHOICE)	0.00	400,000.00	400,000.00	0.00	0.00
				Total fo	or this Loss Un	it: 001-CITY O	F SAN ANGELO	0.00	499,000.00	499,154.54	0.00	154.54
					Total for	this Policy N	umber: 871918G	0.00	499,000.00	499,154.54	0.00	154.54
Z =							Grand Total	0.00	499,000.00	499,154.54	0.00	154.54

# THE HARTFORD

# Reported And Paid Life Claims

#### **CITY OF SAN ANGELO**

## Reported Period from 01/01/2015 through 08/31/2018

As of Date: 09/30/2018

Claimant	<u>Claim</u> Number	Gen	Date Of Birth	Date Of Disability	<u>Claim</u> Received	Current Claim	Status Process	Reported Rated	Reported Pooled	Paid Rated	Paid Pooled	<u>Paid</u> Interest
					<u>Date</u>	Status	<u>Date</u>	<b>Amount</b>	Amount	Amount	<b>Amount</b>	Amount

Report Parameters --

Requested Policy and Loss Unit(s): 871918G001

Case ID: 882396