

Pre-filled Maternity Claim Form Sample for Corporate Policy

Download our **pre-filled maternity claim form sample** designed specifically for corporate policies to simplify your reimbursement process. This template ensures all necessary details are accurately captured, saving you time and reducing errors. Easily customize it to fit your company's specific policy requirements.

Sample: Pre-filled Maternity Claim Form

Employee Details

Employee Name: Jane Doe

Employee ID: EMP123456

Designation: Software Engineer

Department: IT

Company Name: ABC Corporates Pvt. Ltd

Maternity Claim Details

Hospital Name: City Care Hospital

Admission Date: 2024-06-10

Discharge Date: 2024-06-14

Policy Number: CORP2024567

Sum Insured (INR): 2,00,000

Claimed Amount (INR): 50,000

Supporting Documents

- Hospital Bill
- Discharge Summary
- Doctor's Certificate
- Pre & Post Natal Reports

Submit Claim

[Download Sample Claim Form \(PDF\)](#)