



**LTD Closed Claims**  
**COUNTY OF DANE**  
**Requested Policy Number: 402346G**  
**All Loss Units Requested**  
**Valuation Date: 10/31/2016**

Claimant Name	SSN	Employee Group Number	Gender	Date Of Disability	Termination Effective Date	Reason for Termination
<b>Policy Number:402346G      Emp Group: 1-001-COUNTY OF DANE- EES ELECTING STD &amp; LTD</b>						
	xxx-xx-xxxx	1	F	08/10/2013	08/10/2015	TEST CHANGE
	xxx-xx-xxxx	1	F	02/22/2013	02/21/2015	TEST CHANGE
	xxx-xx-xxxx	1	F	02/14/2014	09/01/2015	NO LONGER MEETS DEFINITION OF DISABILITY
	xxx-xx-xxxx	1	F	09/18/2013	11/08/2015	NO LONGER MEETS DEFINITION OF DISABILITY
	xxx-xx-xxxx	1	F	04/16/2014	03/31/2016	DEATH OF CLAIMANT
	xxx-xx-xxxx	1	M	02/17/2015	10/08/2015	RELEASED TO RETURN TO WORK