Klarstig

# Insurance Identity Verification

Record what needs to be verified, the evidence considered and the result. Limit the information to what is necessary for the stated purpose.

## Contact and reference

**Organization using this document**

**Your name or contact reference ***

**Email for a reply if needed**

## Information for this document

**Purpose of the verification ***

**Fact or information to verify ***

**Type of evidence considered ***

**Evidence reference without sensitive identifiers ***

**Verification date ***

**Authorized verifier name or role ***

**Result ***

- ☐ Verified
- ☐ Not verified
- ☐ More information needed

**Limitations discrepancies or follow up**

## Specific details

**Identity claim and verification method**

Complete when relevant to this request.

**Evidence type issuing authority and discrepancies without full document numbers**

## Operating context

**Policy service or case reference**

Complete when relevant to this request.

**Relevant dates evidence and authorized review contact**

## Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

**Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.**

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