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| --- | --- |
| **Policy holder/plan member name:** | Click here to enter text. |
| **Product/Plan Information:** |  |
| **Date the query was received:** | 7/2/2014 |
| **Nature of issue:** |  |

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| **Issue Details:** |
| Click here to enter text. |

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| **ZOOM Team findings (supporting documentation sent in the email):** |
| Click here to enter text. |

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| **ZOOM Team Recommendation(s):** |
| Click here to enter text. |