

Voluntary Benefits Portability Election Form Kanawha Insurance Company



If your Group Life Master Policy and Certificate contain a Portability provision, you may elect the Portability coverage, subject to the limitations and conditions as described within the provision. You must apply for Portability coverage within 46 days after termination of your life insurance benefits. For those who are eligible, complete this form and return it to Humana Specialty Benefits Enrollment, PO Box 14330, Lexington, KY 40512.

Please refer to your certificate for specific criteria.

If you have any questions, you may contact Customer Service at **800-232-2006**

Section I. Employee Information to be Completed by the Employer

Name _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Social Security Number _____ Home Telephone _____

Group Master Policy Number _____ Date of Coverage Termination _____

Certificate Number _____

Date of Employment Termination _____ Last Day Worked _____

I certify that, to the best of my knowledge and belief, the information provided in this Section is correct and the Employee named on this Form is eligible for Portability coverage.

Signature of Authorized Company Representative Date

Title of Authorized Company Representative Name of Company

Section II. To be Completed by the Insured/Employee

I, the Employee indicated in Section I., understand and agree that Portability coverage will be provided in accordance with the provisions contained in the Group Insurance Master Policy, and that such coverage is subject to the satisfaction of the conditions therein.

I am currently disabled. Yes No

Mark an "X" by the Billing Frequency of your choice.

Annual Semi-Annual Quarterly Monthly

Please sign, date, and submit this form to Humana Specialty Benefits Enrollment, PO Box 14330, Lexington, KY 40512.

Signature of Insured/Employee Date