

Group Life Claim Form

Employer, please complete this form in its entirety

Employer Statement

To be completed by employer

Employment Information

Name of employer _____ Group number _____

Address of employer _____

City _____ State _____ ZIP _____

Name of employee/retiree _____ Date of birth of employee/retiree _____

Address of employee/retiree _____

City _____ State _____ ZIP _____

Job title _____ Original Date of employment _____

Date employee last worked full-time hours _____

Reason employee stopped work (if more than 31 days) _____

Annual base salary \$ _____ Hours worked per week _____

Date of last salary payment to employee _____ Amount paid _____

Deceased Information

Deceased is: ☐ Employee ☐ Retiree ☐ Spouse Child

Name of deceased, if spouse or child _____ Member identification number _____

Other names by which the decedent may have been known (e.g. maiden name, hyphenated name or an alias)

Address of deceased, if spouse or child _____

City _____ State _____ ZIP _____

Date of birth _____ Date of death _____ Effective date of insurance _____

Does the deceased have any other life insurance coverage with Humana, Inc., its subsidiaries or affiliates? ☐ Yes ☐ No

Do you have a beneficiary election on file for the member? If YES, please include a copy of it with this claim.

Are Accidental Death Benefits being claimed? ☐ Yes ☐ No If YES, please submit copies of the police report and the coroner's report (including laboratory findings) if an autopsy was conducted.

Self Administered employer groups – please complete this section

Insurance class: _____

Amount of basic life \$ _____ Amount of Accidental Death Benefit \$ _____

Amount of optional (voluntary) insurance \$ _____ Date of last increase in insurance _____

Signature (all groups)

I certify that I have read this document and the information is accurate and complete. I understand that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Authorized signature of employer: _____ Date _____

Humana[®]

Mail to: Humana
PO Box 13068
Green Bay, WI 54307-3068

Customer Service: 1-866-427-7478
Fax to: 1-920-339-4794
Email to: GBLife_Disability@humana.com

Group Life Claim Form

Beneficiary Statement

To be completed by each beneficiary being paid on this claim. If the beneficiary is a minor, please provide Letters of Guardianship for the minor's estate. If the beneficiary is the estate, please provide the Letters Testamentary or Letters of Administration appointing the personal representative of the estate. If the beneficiary is deceased, please provide a copy of the deceased beneficiary's official death certificate.

I certify that I have read this document and the information is accurate and complete. I understand that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Will there be a funeral assignment on this claim? ☐ Yes ☐ No

****If no beneficiary assigned or on file with Humana please complete Affidavit on page 3****

Name of deceased: _____

Policy number: _____

Beneficiary Information

Name of beneficiary _____ Date of birth _____

Social Security Number/Tax ID number _____ Phone _____

Address of beneficiary _____

City _____ State _____ ZIP _____

Relationship to deceased _____

Signature of beneficiary: _____ Date _____

Name of beneficiary _____ Date of birth _____

Social Security Number/Tax ID number _____ Phone _____

Address of beneficiary _____

City _____ State _____ ZIP _____

Relationship to deceased _____

Signature of beneficiary: _____ Date _____

Please attach enrollment form or most recent beneficiary designation and attach a certified death certificate with the state's raised seal. **If no beneficiary assigned or on file with Humana please complete Affidavit on page 3**

The offering Company(ies) listed below, severally or collectively, as the content may require, are referred to in this authorization as "We or "Humana."

Life, Specified Disease/Critical Illness, Hospital Indemnity, and Accident Insurance products insured by Kanawha Insurance Company, Humana Insurance Company, Humana Insurance Company of New York or Humana Insurance Company of Kentucky.

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on pages 4-8).

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AFFIDAVIT

Only complete the Affidavit if no beneficiary is on file with Humana. We will rely upon this Affidavit to determine benefit payment, unless we receive written notice of a valid claim before payment is made. This Affidavit will release us from further liability. Any payment made by us in good faith will fully discharge us to the extent of such payment.

Please complete IN FULL. If not applicable, please mark as such. Please include Full Name(s) and Address(es).

Name of Deceased: _____

Policy Number: _____

Is there an estate currently set up? ☐ Yes ☐ No

Living Spouse of Deceased: _____

Living Child(ren) of Deceased, Including Legally Adopted Child(ren)[Also include date(s) of birth]

Living Brother(s) and Sister(s) of Deceased

Dated at, _____ this _____ day of _____ 20 _____

Signature _____

Witness _____

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. The Company, in issuing this claim form is in no way admitting liability or waiving any of its rights under the Policy.

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State Fraud Warning Statements

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a false or deceptive statement may be subject to prosecution of fraud. By providing these notices, neither Humana nor its subsidiaries imply that they are authorized to write insurance in all 50 states.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud or deceive an insurance company or files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties. The authorization shall remain in effect for the term of your coverage. You or your designated representative is entitled to receive a copy of this claim form.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a

policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any Person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to prosecution for fraud and guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

Pennsylvania: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.