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					
Name of employee/retiree		Date of b	oirth of employee/retire	ee	
Address of employee/retiree					
City		State	ZI	P	
Job title		Original	Date of employment _		
Date employee last worked full-t	ime hours				
Reason employee stopped work	(if more than 31 day	/s)			
Annual base salary \$			Hours worked p	er week	
Date of last salary payment to employeeAmount paid					
Deceased Information Deceased is: □ Employee □ Ret	iree □ Spouse Child	I			
lame of deceased, if spouse or childMember identification number					
Other names by which the deced	lent may have been	known (e.g. maid	en name, hyphenated	name or an alias)	
Address of deceased, if spouse of	r child				
City		State	ZI	P	
Date of birth	Date of death_		Effective date of ins	urance	
Does the deceased have any othe Do you have a beneficiary election		_			
Are Accidental Death Benefits be coroner's report (including laborat				e police report and the	
Self Administered employer gro	ups – please compl	ete this section			
Insurance class:					
Amount of basic life \$	Ar	mount of Accident	tal Death Benefit \$		
Amount of optional (voluntary) i	nsurance \$	Date of	last increase in insura	nce	
Signature (all groups)					
I certify that I have read this doct who knowingly files a statement civil penalties.					
Authorized signature of employe	r:		Date		



Mail to: Humana numana PO Box 13068

Customer Service: 1-866-427-7478 Fax to: 1-920-339-4794 Green Bay, WI 54307-3068 Email to: GBLife_Disability@humana.com

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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 Human	a please complete Affida	vit 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		
cial Security Number/Tax ID numberPhone		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 appli	cable, please mark as s	such. Please include Fu	ll Name(s) and Addre	ss(es).	
Name of Deceas	ed:					
Policy Number: _			_			
Is there an estat	e currently set up? □	l Yes □ No				
Living Spouse of						
Living Child(ren)	of Deceased, Includi	ng Legally Adopted Ch	ild(ren)[Also include do	ate(s) of birth]		
Living Parents of	Deceased:					
Living Brother(s)	and Sister(s) of Dece	eased				
		day of				
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.

