

MEMBER BLOCKING REQUEST

Date Requested:
Policyholder/Member Identification Number:
Group Number:
Home Phone Number:
Policyholder Name:
Home Address:

MEMBERS TO BE BLOCKED

Note: Employee signature is required to block Employee and/or dependents under 18,
Spouse signature is required to block Spouse and/or dependents under 18, and
Dependent signature required to block their information if they are 18 or over.

1) Full Name _____ Date of Birth _____ Relationship _____
(Please Print) (Emp, Sp, Ch)

Signature _____

2) Full Name _____ Date of Birth _____ Relationship _____
(Please Print) (Emp, Sp, Ch)

Signature _____

3) Full Name _____ Date of Birth _____ Relationship _____
(Please Print) (Emp, Sp, Ch)

Signature _____

4) Full Name _____ Date of Birth _____ Relationship _____
(Please Print) (Emp, Sp, Ch)

Signature _____

You may fax this form to (920) 337-8017 or mail it to the following address:

**CONTACT CENTER WEB SPECIALIST
HUMANA INSURANCE COMPANY
1100 EMPLOYERS BLVD
GREEN BAY WI 54344**