



**Humana.**

**Regulatory Pre-enrollment Disclosure Guide  
Voluntary Term Life Insurance and  
Accidental Death or Bodily Injury Benefit**

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## **Voluntary Term Life Insurance and Accidental Death or Accidental Bodily Injury Benefit\***

### **Limited Benefits for Self-Induced Sickness Suicide or Self-Inflicted Bodily Injury**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within the first two years of your effective date under the certificate, benefits for Voluntary Term Life Insurance and benefits for Accidental Death or Accidental Bodily Injury, if elected, will be limited to the premium paid for Voluntary Term Life Insurance. Additionally, in the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within the first two years from the date an increase in insurance, other than a scheduled or automatic increase, we will pay the full amount of Voluntary Term Life Insurance and Accidental Death or Accidental Bodily Injury benefits that was in effect before the increase. Any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

### **State Specific Limited Benefits for Self-Induced Sickness Suicide or Self-Inflicted Bodily Injury**

The limitations and exclusions are revised as follows:

#### **Colorado**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within one year of your effective date under the Voluntary Term Life Insurance, benefits will be limited to the premium paid for the Voluntary Term Life Insurance coverage.

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily Injury within one year from an increase in coverage, other than a scheduled or automatic increase, we will pay the full amount of Voluntary Term Life benefits that were in effect before the increase. Additionally, any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

#### **Florida**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within the first two years of your effective date under the certificate, benefits for Voluntary Term Life Insurance and benefits for Accidental Death or Accidental Bodily Injury, if elected, will be limited to the premium paid for the Voluntary Term Life Insurance.

#### **Minnesota, Missouri**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within one year of your effective date under the Voluntary Term Life Insurance, benefits will be limited to the premium paid for the Voluntary Term Life Insurance coverage.

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily Injury within one year from an increase in coverage, other than a scheduled or automatic increase, we will pay the full amount of Voluntary Term Life benefits that were in effect before the increase. Additionally, any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

### **North Dakota**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within the first year of your effective date under the certificate, benefits for Voluntary Term Life Insurance and benefits for Accidental Death or Accidental Bodily Injury, if elected, will be limited to the premium paid for the Voluntary Term Life Insurance.

### **Pennsylvania**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within one year of your effective date under the Voluntary Term Life Insurance, benefits will be limited to the premium paid for the Voluntary Term Life Insurance coverage.

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily Injury within one year from an increase in coverage, other than a scheduled or automatic increase, we will pay the full amount of Voluntary Term Life benefits that were in effect before the increase. Additionally, any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

### **South Carolina**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within the first two years of your effective date under the certificate, benefits for Voluntary Term Life Insurance and benefits for Accidental Death or Accidental Bodily Injury, if elected, will be limited to the premium paid for the Voluntary Term Life Insurance.

### **South Dakota**

In the event of death caused by suicide or intentional self-inflicted bodily injury within the first two years of your effective date under the certificate, benefits for Voluntary Term Life Insurance and benefits for Accidental Death or Accidental Bodily Injury, if elected, will be limited to the premium paid for the Voluntary Term Life Insurance.

### **Wisconsin**

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury within one year of your effective date under the Voluntary Term Life Insurance, benefits will be limited to the premium paid for the Voluntary Term Life Insurance coverage.

In the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily Injury within one year from an increase in coverage, other than a scheduled or automatic increase, we will pay the full amount of Voluntary Term Life benefits that were in effect before the increase.

Additionally, any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

## **Accidental Death or Bodily Injury Benefit\***

### **Limitations and Exclusions**

Accidental Death or Bodily Injury benefits DO NOT cover loss resulting from:

1. Self-induced sickness, attempted suicide or intentionally self-inflicted bodily injury.
2. The voluntary taking of any sedative or drug, unless prescribed by a qualified practitioner, or an over the counter drug taken in accordance with the instructions, or the voluntary intake of poison, gas or fumes, unless as the result of an industrial accident.
3. Disease of any kind, and treatment of the disease.
4. Infection, except septic infection of and through a visible wound accidentally sustained and independent of all physical causes.
5. Being intoxicated or under the influence of any unlawful substance, narcotic or hallucinogenic, unless administered on the advice of a qualified practitioner.
6. Travel or flight in a device of any type for aerial navigation, except as a fare-paying passenger of a licensed passenger airline.
7. Commission or attempt to commit a civil or criminal battery or felony.
8. Driving or operating a motorized vehicle while legally intoxicated or under the influence of illegal substance. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level meet or exceeds the legal presumption of intoxication under the law of the state where the accident took place.
9. Bodily injury or sickness contributed to or caused by:
  - War or any act of war, whether declared or not; or
  - Any act of armed conflict, or any conflict involving armed forces of any authority.
10. Bodily or mental infirmity, or its related surgical or medical treatment or any infection unless the direct result of bodily injury, or unless resulting from the accidental ingestion of a contaminated substance.
11. Participation in a riot, rebellion or insurrection. Participation means taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without the authority of law; or

12. Participation in hazardous sports, including but not limited to: bungee jumping, motorized vehicle racing, rock climbing, rodeo events, scuba diving, skydiving, parachuting, hang gliding, or ballooning.
13. No benefits are payable under the Spouse Training Benefit, Child Care Benefit and Comma Benefit for any loss excluded under the above Accidental Death or Bodily Injury Benefit limitations.
14. No benefits are payable under the Child Care Benefit when the dependent Child's care is provided by, or at a facility operated by the child's grandparent, parent, aunt, uncle, or sibling.
15. No benefits are payable under the Coma Benefit when the employee remains in a coma for less than 31 consecutive days.

### **State Specific Limitations and Exclusions**

The limitations and exclusions are revised as follows:

#### **Florida**

2. The voluntary taking of any sedative, drug, alcohol, poison, or inhalation of any gas unless prescribed by a qualified practitioner.
12. Participation in hazardous sports, including: bungee jumping, motorized vehicle racing, rock climbing, rodeo events, scuba diving, skydiving, parachuting, hang gliding, or ballooning.

#### **North Dakota**

2. The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered to you by a qualified practitioner.

#### **South Carolina**

2. The voluntary taking of any sedative, drug, alcohol, poison, or inhalation of any gas unless taken or inhaled as prescribed by a qualified practitioner.

#### **South Dakota**

1. Attempted suicide or intentionally self-inflicted bodily injury within two years from the date of issue of the policy.
2. Not applicable.
7. Commission of a felony.
10. Bodily infirmity, or its related surgical or medical treatment or any infection unless the direct result of bodily injury.

## **Seat Belt-Air Bag-Helmet Benefit\***

### **Limitations and Exclusions**

Seat Belt-Air Bag-Helmet benefits DO NOT cover loss resulting from:

1. Attempted suicide or intentionally self-inflicted bodily injury.
2. The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner.
3. Being intoxicated or under the influence of any unlawful substance, narcotic or hallucinogenic, unless administered on the advice of a qualified practitioner.
4. Commission or attempt to commit a civil or criminal battery or felony.
5. Driving or operating a motorized vehicle while legally intoxicated or under the influence of illegal substance. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level meet or exceeds the legal presumption of intoxication under the law of the state where the accident took place.
6. Bodily injury or sickness contributed to or caused by:
  - War or any act of war, whether declared or not; or
  - Any act of armed conflict, or any conflict involving armed forces of any authority;
7. Bodily or mental infirmity, or its related surgical or medical treatment or any infection unless the direct result of bodily injury, or unless resulting from the accidental ingestion of a contaminated substance;
8. Participation in a riot, rebellion, or insurrection. Participation means taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without the authority of law; or
9. Participation in hazardous sports, including but not limited to: motorized vehicle racing.

### **State Specific Limitations and Exclusions**

The limitations and exclusions are revised as follows:

#### **Florida**

9. Participation in hazardous sports, including: motorized vehicle racing.

#### **South Dakota**

2. Not applicable.

4. Commission of a felony.
7. Bodily infirmity, or its related surgical or medical treatment or any infection unless the direct result of bodily injury.

## **Accelerated Death Benefit\***

### **Limitations and Exclusions**

1. Accelerated Death Benefits are not available for a Terminal Illness which resulted from a self-induced sickness, attempted suicide or intentionally self-inflicted bodily injury; or
2. Accelerated Death Benefits are not payable to an employee who is:
  - A. Required by law to use this benefit to satisfy claims of creditors; or
  - B. Required by a government agency to use this benefit to apply for, obtain or keep a government benefit or entitlement.

### **State Specific Limitations and Exclusions**

The limitations and exclusions are revised as follows:

#### **South Dakota**

1. Accelerated Death Benefits are not available for a Terminal Illness which resulted from attempted suicide or intentionally self-inflicted bodily injury within two years from the date of issue of the policy; or

Insured by Humana Insurance Company or Humana Insurance Company of Kentucky

\*The Regulatory Pre-enrollment Disclosure Guide only lists the major limitations and exclusions of the plan. Exclusions and Limitations may vary by state and plan design. If there is any conflict between the Policy and this Regulatory Pre-enrollment Disclosure Guide, the Policy controls.



## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

**العربية (Arabic)**

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك