Living Will

Declaration made this	day of	, (20),
Imy dying not be artificially prolonged declare that, if at any time I am incape	under the circumstance	_	-
(initial) I have a terminal	condition, or		
(initial) I have an end sta	ige condition, or		
(initial) I am in a persisted consulting physician have determined recovery from such a condition, I direct when the application of such procedure dying, and that I be permitted to die no performance of any medical procedure alleviate pain.	that there is no reasoned that life-prolonging propertions would serve only to particular with only the a	able medical probabiling ocedures be withheld prolong artificially the dministration of medi	ity of my or withdrawn process of cation or the
It is my intention that this decle expression of my legal right to refuse a for such refusal.	•	, , ,	
In the event that I have been do consent regarding the withholding, wi to designate, as my surrogate to carry	thdrawal, or continuation	on of life-prolonging p	
Name:			
Address:			
Phone:			
I understand the full import of this de	claration, and I am emo	otionally and mentally	competent to

HumanaHealthy Horizons on Florida

make this declaration.

Additional Instructions (optional):		
Signatures: Sign and date the form here:	Sign your name	
	Drint very name	
	Data	
	city, state	
Witness Signatures:		
	Sign your name	
	Print your name	
	Date	
	Address	
	City, State	
	Sign your name	
	Print your name	
	Date	
	Address	
	City, State	

ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype **(TTY)**, appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente **(TTY)**, chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-477-6931 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

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 800-477-6931 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.

Auxiliary aids and services, free of charge, are available to you. **800-477-6931 (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.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-477-6931 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-477-6931 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole) ATANSYON: Si w pale Kreyòle Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-477-6931 (TTY: 711).

Tiếng Việt: (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-477-6931 (TTY: 711)**.