

HumanaLife Beneficiary Designation

This form needs to be provided to Humana prior to, or at time of claim.

Employee name (please print) _____

Employee social security number _____ Member contract ID _____

Primary beneficiary designation

First and last name _____ Relationship _____

Address of beneficiary _____

City _____ State _____ ZIP code _____ Percentage _____

First and last name _____ Relationship _____

Address of beneficiary _____

City _____ State _____ ZIP code _____ Percentage _____

Secondary beneficiary designation

First and last name _____ Relationship _____

Address of beneficiary _____

City _____ State _____ ZIP code _____ Percentage _____

First and last name _____ Relationship _____

Address of beneficiary _____

City _____ State _____ ZIP code _____ Percentage _____

Employee signature _____ Date signed _____

If two or more primary beneficiaries are named, and you do not list the benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiaries. If no designated beneficiary survives you, the beneficiary will be determined according to the provisions of the group life insurance contract.

Mail to: Humana Specialty Benefits Enrollments
PO Box 14330
Lexington, KY 40512



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