

# 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 769257 \_\_\_\_\_

## 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

# Humana®

**Customer Service:** 1-866-427-7478  
**Or Fax to:** 1-920-339-4794  
**Email to:** GBLife\_Disability@humana.com