

HumanaLife Beneficiary Designation Form

Employee Name (Please print) _____

Employee Social Security Number _____

Primary Beneficiary Designation:

Name _____ Relationship _____

Address of Beneficiary _____

Percentage _____

Name _____ Relationship _____

Address of Beneficiary _____

Percentage _____

Secondary Beneficiary Designation:

Name _____ Relationship _____

Address of Beneficiary _____

If two or more primary beneficiaries are named, and you do not list 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.

Employee Signature _____ Date Signed _____

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