
Instructions

Please submit the following documentation:

1. Group life claim form.
 - Part one—completed by the employer
 - Part two—completed by the beneficiary
2. The enrollment form or most recent beneficiary designation.
3. A certified copy of the official death certificate.
4. For accidental death benefits, we require the official complete police report, blood toxicology report, and an autopsy report if one was conducted.
5. If the beneficiary is:
 - A minor—we require copies of the guardianship papers naming the legal guardian of the minor's estate.
 - An estate—we require the Letters Testamentary or Letters of Administration appointing the personal representative of the estate.
 - Deceased—we require a copy of the deceased beneficiary's official death certificate.

We may require additional information or documents to process the claim.

Please mail all documentation to:

Humana Insurance Company
Group Life Claims
P.O. Box 10708
Green Bay, WI 54307-0708

Humana group life claim form

Part one—employer statement



To be completed by employer

Employment Information

Name of employer	Group number
Address of employer	
City	State Zip
Name of employee/retiree	Date of birth of employee/retiree
Address of employee/retiree	
City	State Zip
Job title	Original Date of employment
Date employee last worked full-time hours	
Reason employee stopped work (if more than 31 days)	
Annual base salary \$	Hours worked per week
Date of last salary payment to employee	Amount paid

Deceased Information

Deceased is: ☐ Employee ☐ Retiree ☐ Spouse ☐ Child

Name of deceased, if spouse or child	Member identification number	
Other names by which the decedent may have been known (e.g. maiden name, hyphenated name or an alias)		
Address of deceased, if spouse or child		
City	State Zip	
Date of birth	Date of death	Effective date of insurance
Does the deceased have any other life insurance coverage with Humana, Inc., its subsidiaries or affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Accidental Death Benefits being claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please submit copies of the police report and the coroner's report (including laboratory findings) if an autopsy was conducted.		

Self Administered employer groups – please complete this section

Insurance class:	
Amount of basic life \$	Amount of Accidental Death Benefit \$
Amount of optional (voluntary) insurance \$	Date of last increase in insurance

Signature (all groups)

I certify that I have read this document and the information is accurate and complete. I understand that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Authorized signature of employer: _____ Date _____

Humana group life claim form

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Part one—beneficiary statement

To be completed by beneficiary

If the beneficiary is a minor, please provide Letters of Guardianship for the minor’s estate.
If the beneficiary is the estate, please provide the Letters Testamentary or Letters of Administration appointing the personal representative of the estate.

I certify that I have read this document and the information is accurate and complete. I understand that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Beneficiary Information

Name of beneficiary	Date of birth	
Social Security Number/Tax ID number	Phone number	
City	State	Zip
Relationship to deceased		

Signature of beneficiary: _____ Date _____

Name of beneficiary	Date of birth	
Social Security Number/Tax ID number	Phone number	
City	State	Zip
Relationship to deceased		

Signature of beneficiary: _____ Date _____

Name of beneficiary	Date of birth	
Social Security Number/Tax ID number	Phone number	
City	State	Zip
Relationship to deceased		

Signature of beneficiary: _____ Date _____

Name of beneficiary	Date of birth	
Social Security Number/Tax ID number	Phone number	
City	State	Zip
Relationship to deceased		

Signature of beneficiary: _____ Date _____

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State Specific Fraud Warning Statements

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

Arkansas, Louisiana, Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California, New Jersey

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Ohio, Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Humana group life claim form



Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

North Carolina

Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly and with intent to defraud, commits a fraud against an insurer by submitting a claim containing an intentionally materially false or deceptive misstatement, misrepresentation, omission, or conceals any fact material to the interest of Humana, may have committed fraud which is a crime and which may result in the loss of coverage and/or denial of claim under this policy and may subject such person to prosecution for fraud, including criminal and civil penalties. Eligibility for coverage on this policy may be denied or rescinded under this provision without time limit in the event of fraud.

Beginning two years after the effective date of this policy no misstatements, except fraudulent misstatements, may be used to void this policy.

Tennessee, Virginia and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.