HumanaLife Employer Acknowledgement

By signing below, I agree that I have offered HumanaLife Insurance to all eligible employees. I agree to obtain a signed beneficiary designation form* from each covered employee (and spouse for voluntary life coverage) and provide this form to Humana prior to, or at time of claim.

Employer's signature _____ Date signed _____

Employer's name (please print)_____

Title _____

* Please submit this form, signed and dated, along with all required new case forms.

Insured by Humana Insurance Company or Humana Insurance Company of Kentucky

HUMANA®
Guidance when you need it most

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