

## Individual Life Claim Form

### Page One – Filing Instructions

- Complete the appropriate sections of the claim form (page 2)
- Attach the Life Policy when available
- Attach a Certified Copy of the Death Certificate
- Include the signed and dated Authorization Form (page 3)
- Submit to the address.

### Page Two – Individual Life Claim Form

- Complete all portions both section

### Page Three – Authorization form

- Beneficiary or Authorized Representative must sign and date Authorization



- Before mailing your claim form, please be sure you have included all items listed above to prevent delay in processing of your claim.

If you have any questions when completing this form, please call 1-877-378-1505.

### Mail to the following address:

#### Humana/Kanawha Insurance Company

P.O. Box 10708

Green Bay, WI 54307-0708

## Individual Life Claim Form

### Section I:

I hereby make claim for the death benefits under Policy Number \_\_\_\_\_ on the life of \_\_\_\_\_ insured by the Humana/Kanawha Insurance Company.

(Full Name)

Deceased's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of death \_\_\_\_\_  
(if in hospital, give name and address of hospital)

Cause of death \_\_\_\_\_

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 4)

### Section II:

The above statements are true and complete to the best of my knowledge and belief. I understand and agree that in furnishing these forms, the Company does not acknowledge liability or waive any of its rights or defenses.

\_\_\_\_\_  
Printed Name of Beneficiary

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Beneficiary Social Security Number

\_\_\_\_\_  
Beneficiary Relationship to the Deceased



Please return all policies if available with this form and attach a certified death certificate.



## State Specific Fraud Warning Statements

### **Kanawha Insurance Company:**

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, Maryland, 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.

### **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.

### **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.