

Group Insurance Beneficiary Designation/Change Kanawha Insurance Company

HUMANA[®]
Specialty Benefits

1 EMPLOYEE INFORMATION (please print)

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Daytime Phone _____
 Date of Birth _____ Has this insurance been assigned? Yes No

2 EMPLOYER INFORMATION (please print)

Name of Employer/Group Policyholder _____ Group Policy No _____

Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan.

3 BENEFICIARY DESIGNATION:

I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

Primary Beneficiaries Full Name	Address	Social Security Number	Date of Birth	Relationship to Insured	Benefit Percentage
Total (must equal 100%)					

Contingent Beneficiaries Full Name	Address	Social Security Number	Date of Birth	Relationship to Insured	Benefit Percentage
Total (must equal 100%)					

4 TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 3

Trustee's Name (first, MI, last) _____
 Address (include city, state, ZIP) _____
 And successor(s) in trust, as Trustee(s) under _____
 dated _____ as amended and executed by me and said Trustee.
 Title of Agreement _____
 Date of Agreement _____

5 AUTHORIZATION/SIGNATURE:

I authorize Kanawha Insurance Company (KIC) or my employer to record the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans.

If designating a trust as a beneficiary, I understand KIC assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), KIC has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by KIC at its Group Life Claim office. I agree that if KIC makes any payment(s) to the Trustee(s) before notice is received, KIC will not make payment(s) again.

Employee's Signature _____

Printed Name: _____ Date Signed _____

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IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your group insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary, and you may change your beneficiary at any time by completing a new Beneficiary Designation/Change form.

If you do not name a beneficiary, your death proceeds will be paid in accordance with the terms provided in the Group Policy.

DEFINITIONS - You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) - the person(s) or entity(ies) you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) - the person(s) or entity(ies) you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or an entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

OTHER HELPFUL INFORMATION (If a beneficiary other than an individual is designated, prior legal opinion is suggested.)

- You may name more than one primary and more than one contingent beneficiary. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named.
- If no named beneficiary survives you, settlement will be made in accordance with the terms provided in the Group Policy.
- If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:
 - **Individual:** "Mary A. Doe"
 - Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe").
 - Include the address, relationship, date of birth and Social Security number for each individual listed.
 - Indicate the percentage to be assigned to each individual.
 - **Estate:** "Estate of the Insured"
 - Write the Estate Name in the space for Beneficiary Name. Write "Estate" under Relationship.
 - Indicate the percentage to be assigned to the Estate of the Insured.
 - **Corporation/Organization:** "ABC Charitable Organization"
 - Write the legal name of the corporation or organization in the space for the Beneficiary Name.
 - You must provide the address, city, and state for each organization or corporation listed.
 - Indicate the percentage to be assigned to the corporation or organization.
 - **Trust:** "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."
 - Write the Trust Name in the space for Beneficiary Name. Write "Trust" under Relationship.
 - Indicate the percentage to be assigned to the Trust.
 - Complete Section 4, Trust Designation.
 - **Guardian:** "John M. Doe as Guardian for Jane M. Doe."
 - Write in the name, address, and Social Security number of the Guardian.
 - In the Relationship space, write "As Guardian for <insert the legal name of the Ward>."
 - Indicate the percentage to be assigned to the Guardian.