

Basic Life / AD&D

Do you elect basic employee / individual life coverage?

☐ Yes ☒ No If no, complete waiver section**Office use only**

Group #

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Benefit #

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Class/Div #

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Class (employer / group will provide you with this information if needed)

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Do you elect basic dependent life? ☐ Yes ☐ No If no, complete waiver section**Voluntary Life / AD&D**

Do you elect voluntary employee / individual life coverage?

☐ Yes ☒ No If no, complete waiver section

If yes, amount elected (minimum of \$15,000):

\$

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 .00**Office use only**

Group #

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Benefit #

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Class/Div #

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Voluntary dependent life selection (available only if employee / individual elects voluntary life coverage):

Do you elect voluntary spouse life coverage? ☐ Yes ☐ No If no, complete waiver sectionIf yes, voluntary spouse life coverage (minimum of \$5,000): \$

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 .00Do you elect voluntary child(ren) life coverage? ☐ Yes ☐ No If no, complete waiver section**Vision**

Coverage type:

- ☒ Employee / Individual only
☐ Employee / Individual & spouse
☐ Employee / Individual & child(ren)
☐ Family
☐ Other

Office use only

Group #

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Benefit #

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Class/Div #

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Plan name

HUMANIA INSIGHT NETWORK

Beneficiary Information for Life

Primary beneficiary

Last name

HILADUN

First name

TAPAS

MI

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Relationship to employee / individual

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Secondary beneficiary

Last name

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First name

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MI

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Relationship to employee / individual

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Evidence of Health Status - Do not submit more than 90 days prior to the effective date

Complete this section if you are selecting Life over the guarantee issue amount.

1.	Is anyone on this application currently taking any prescribed medication, or do you periodically take medication for a recurrent condition?	<input type="radio"/> N <input type="radio"/> Y																		
2a.	In the past 12 months has any applicant used any tobacco product? If yes, applies to:	<input type="radio"/> N <input type="radio"/> Y																		
	<input type="radio"/> You (employee)																			
	<input type="radio"/> Dependent 1																			
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