

Authorized Benefit Plans, Inc.

Application Instructions For Humana

1. Print all pages of the application including instructions.
2. Complete all questions and sections of the application.
3. Complete the fax cover letter on the next page and fax to Authorized Benefit Plans, Inc. for review along with the completed application. If you do not have access to a fax machine, send the completed application to Authorized Benefit Plans, Inc. along with the required first month's payment.

HELPFUL TIPS:

Here is a checklist of a few things that are commonly overlooked and are mandatory in processing your application.

- Indicate your requested effective date.
- Select your preferred billing method.
- Sign and date the application.

IMPORTANT:

If you have requested that your monthly premium be deducted automatically from your checking account, you must attach a voided check to the area provided and also sign and date the authorization form.

Don't forget to **enclose a check for the required payment made payable to Humana** if you are not paying by credit card for the first month.

Mail completed application and check to:

Authorized Benefit Plans, Inc.

Attn: New Enrollment

2131 E. Broadway #24

Tempe, AZ 85282

Authorized Benefit Plans, Inc. will review your application for completeness and accuracy before we submit it to Humana for processing. This may reduce the approval time because they cannot process unclear or incomplete applications until the missing information has been gathered.

Please contact us if you have any questions regarding the application or the application process. You may reach us at 480-502-6869 or e-mail us at service@authorizedbenefit.com.

Authorized Benefit Plans, Inc.

FAX COVER LETTER

(Please ignore this form if you do not have access to a fax machine.)

****Please FAX this cover letter with the completed application to:**

Authorized Benefit Plans, Inc.

FAX# 480-894-9707

Dear Authorized Benefit Plans, Inc.,

Please accept my completed insurance application for submittal and contact me to confirm receipt of this application

Name _____

E-mail _____

Date _____

Time _____

Please contact me at this phone number _____ after you have reviewed my application for completeness and accuracy.

I will contact Authorized Benefit Plans, Inc. at 480-502-6869 to verify receipt of my application.

****I understand that Authorized Benefit Plans, Inc. will not review this application until the following weekday morning if I faxed this application after 5:00PM or on a weekend**

I understand that the original signed application must still be mailed to Authorized Benefit Plans, Inc.. I will mail the original signed application to :

Authorized Benefit Plans, Inc.

Attn: New Enrollment

2131 E. Broadway #24

Tempe, AZ 85282

I will send the original application as soon as I have been contacted by Authorized Benefit Plans, Inc. with confirmation that my application has been received by fax and reviewed for completeness.

Signature: _____

Date: _____



Applicant Preparation Sheet

Dear Valued Agent:

To make sure the application process goes smoothly for your customers, please ask them to have the following information available prior to placing the call.

Name of agent writing the Policy/Agent of record: Phil Kiermayr
Quote Reference/Proposal Number:
Agent's business telephone number: 480 502-6869

If Applying for Health Plan stand-alone or with Term Life Insurance

Requested effective date:

For HumanaOne Individual Health Plan:

Requested medical deductible:
Requested prescription deductible: \$500 \$0
Are you requesting maternity coverage*? Yes No
Are you requesting an office visit copayment? Yes No
Are you requesting the \$20,000 life insurance rider*? Yes No
If yes, name and relationship of beneficiary

Are you purchasing term life insurance?
If yes, face amount: Term: 10 years 15 years 20 years
If yes, name and relationship of beneficiary

For HumanaOne HSA

Requested deductible:
Are you requesting the \$20,000 life insurance rider*? Yes No
If yes, name and relationship of beneficiary

Are you purchasing term life insurance?
If yes, face amount: Term: 10 years 15 years 20 years
If yes, name and relationship of beneficiary

If Applying for HumanaOne Term Life Insurance Only

Face Amount: Term: 10 years 15 years 20 years
Name and relationship of beneficiary
Children's term rider? YES NO
Waiver of premium rider? YES NO
Accidental death rider? YES NO

Please make sure the following information is available for each person applying for coverage:

Birthdate(s)
Social Security Number(s)
Height/weight(s)
Current/past prescription medications and their dosage(s)
Medical history including diagnosis, treatment, dates of service and current status
Date(s) of last office visit
Doctors' names, addresses and phone numbers
Information on current and past insurance coverage
Including: policy number, effective dates, termination dates and phone number

* Not available in all states.

PAYMENT OPTIONS IF BOTH HEALTH AND LIFE PRODUCTS ARE PURCHASED

- For the initial payment, we accept Visa, MasterCard or automatic bank withdrawal
- After the initial payment, all payments need to be made either monthly through automatic bank withdrawal or can be paid quarterly or semi-annually by direct bill to you (\$10 administrative charge per direct bill except in Kansas).

PAYMENT OPTIONS IF LIFE PRODUCT IS PURCHASED STAND-ALONE

- For initial payment, we accept Visa, MasterCard, or automatic bank withdrawal.
- Subsequent payment choices are quarterly, semi-annual and annual method by automatic bank withdrawal. Semi-annual or annual method can be direct billed for an administration fee of \$3 for each statement.

Additional helpful hints for both agent and applicant:

- The agent should answer benefit-related questions prior to the call. If you are an agent and need assistance, please contact a HumanaOne sales representative at 1-800-833-6931.
- Application calls can generally take from 15 to 30 minutes. However, the call can go longer based on the number of people applying for coverage and medical history.
- If applying for spousal coverage, the primary applicant and their spouse must authorize any requests for medical information from the Medical Information Bureau (when applicable).

**To complete the application process, contact our Application Specialists at
1-800-552-0758.**

**To check on the status of an application, contact the HumanaOne Agent Service Center at
1-800-833-2572.**