



# Kanawha Insurance Company

PO Box 14330, Lexington, KY 40512 Fax: 1-866-584-9140

## Workplace Voluntary Benefits Bank Draft Authorization

Policy Number(s): \_\_\_\_\_

Name of Account Holder (Print First Name, MI, Last Name): \_\_\_\_\_

Name of Owner (if different from Account Holder) (Print First Name, MI, Last Name): \_\_\_\_\_

Debit/credit on the  date of policy (1-10 only; 11 - 31 not available). **If no election is made, debits/credits will be made on the first day of the month. Debits for the initial premium will be made when the policy is issued. Recurring payments will be debited on the day selected.**

**Authorization for Automatic Payment by Bank Draft**

Bank Draft Information (Attach Voided Check)

Route and Transit Number:  Account Number:

Bank Name and Address: \_\_\_\_\_

Kanawha Insurance Company shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my:  savings account  checking account

1. Your payment mode will remain the same as it is today. Your premium amount will reflect the new method of payment.
2. Each debit/charge shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of policy.
3. This Authorization shall not become effective unless and until the policy is issued.
4. This Authorization shall not be construed as modifying any provisions of the policy.
5. This Authorization may be discontinued by Kanawha Insurance Company or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the policy will be payable on the same billing date.

Signature of Account Holder: \_\_\_\_\_ Date: (MM/DD/YYYY)  /  /

Signature of Owner if different from Account Holder: \_\_\_\_\_ Date: (MM/DD/YYYY)  /  /

**If bank draft, please attach a voided check.**

Insured by Humana Insurance Company, Humana Insurance Company of New York, Humana Insurance Company of Kentucky, or Kanawha Insurance Company

## **Discrimination is Against the Law**

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-855-448-6982 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-855-448-6982 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>