



Kanawha Insurance Company

Humana Specialty Enrollment

PO Box 14330, Lexington, KY 40512 Fax: 1-800-734-9516

Workplace Voluntary Benefits Cancellation Request

Insured's Name: _____

Owner's Name: _____ Owner's Social Security Number: _____

Owner's Address: _____

City: _____ State: _____ ZIP+4: _____

Owner's Telephone _____

Cancellation of Insurance

Reason for Cancellation: _____

Product / Policy Number(s) to Cancel: _____

I confirm that I wish to cancel the above listed policies. I understand that when a policy is canceled, all coverage ends.

Signature of Policyowner

Date

Effective date of cancellation will be determined as defined by our Procedural Cancellation Policy.

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>