

Cash Surrender and Loan Request (Policy Required if indicated)



Kanawha Insurance Company, PO Box 14330, Lexington, KY 40512

Fax: 1-800-734-9516

Insured's Name _____ Policy Number _____

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

Owner's Address _____

City _____ State _____ ZIP+4 _____

Owner's Telephone _____

Section A — Surrender of Policy for Cash Value Less any Indebtedness (Policy Required)

Check one box:

Policy attached or

Policy is lost and cannot be found

Section B — Withdrawal of Dividends

Cash Surrender of Paid-up Additions/Accumulations

\$ _____ of Paid-up Additions/Accumulations

Section C — Policy Loan

\$ _____ Specify Amount

Maximum Loan

(Interest is payable annually in advance of the Policy Anniversary date, at the rate stated in the policy. If the interest is not paid, it is added to the loan. The Policy Loan is a first lien on the policy.)

With respect to any funds received for loan, surrender, or withdrawal of dividends, the undersigned hereby warrants that no one other than the undersigned has any interest in or claim on said policy and that no proceeding in bankruptcy has been instituted.

Signature _____ / _____ / _____
Policyowner Date

FOR HOME OFFICE USE ONLY

Date Transaction Completed ____ / ____ / ____ Check Number _____ Register Clear _____

By _____

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>