



Kanawha Insurance Company

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

Workplace Voluntary Benefits Payor and Premium Change Form

Insured's Name _____ Policy Number(s) _____
Owner's Name _____ Owner's Social Security Number _____
Owner's Address _____
City _____ State _____ ZIP+4 _____
Owner's Telephone _____

Payor Change Requests

Change Payor name to:

Name: _____ Social Security Number _____

Change Payor Address to:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Premium Payment Changes

Change Premium Mode to (check one):

_____ Annual _____ Semi-annual _____ Quarterly _____ Monthly

Change Premium method to (check one):

_____ Pay From Invoice

_____ Bank Draft (Bank Draft Authorization form and voided check required)

Payor Name Change requires signature of policy owner. Otherwise, this form may be signed by Payor or Agent at the request of the Policy Owner or Premium Payor.

Signature: _____ Date: _____

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>