

Group Insurance Beneficiary Designation/Change  
**Kanawha Insurance Company**

**HUMANA**  
*Specialty Benefits*

**1 EMPLOYEE INFORMATION (please print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Has this insurance been assigned?  Yes  No

**2 EMPLOYER INFORMATION (please print)**

Name of Employer/Group Policyholder \_\_\_\_\_ Group Policy No \_\_\_\_\_

Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan.

**3 BENEFICIARY DESIGNATION:**

I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

Primary Beneficiaries Full Name	Address	Social Security Number	Date of Birth	Relationship to Insured	Benefit Percentage
<b>Total (must equal 100%)</b>					

Contingent Beneficiaries Full Name	Address	Social Security Number	Date of Birth	Relationship to Insured	Benefit Percentage
<b>Total (must equal 100%)</b>					

**4 TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 3**

Trustee's Name (first, MI, last) \_\_\_\_\_

Address (include city, state, ZIP) \_\_\_\_\_

And successor(s) in trust, as Trustee(s) under \_\_\_\_\_

dated \_\_\_\_\_ as amended and executed by me and said Trustee.

Title of Agreement \_\_\_\_\_

Date of Agreement \_\_\_\_\_

**5 AUTHORIZATION/SIGNATURE:**

I authorize Kanawha Insurance Company (KIC) or my employer to record the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans.

If designating a trust as a beneficiary, I understand KIC assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), KIC has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by KIC at its Group Life Claim office. I agree that if KIC makes any payment(s) to the Trustee(s) before notice is received, KIC will not make payment(s) again.

Employee's Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed \_\_\_\_\_