

Contact information

Humana Specialty Benefits makes it easy
and convenient for you to do business with us

Enrollment submission:

- Fax: 1-866-584-9140
- Mail: Humana Specialty Benefits Enrollments
P.O. Box 14430
Lexington, KY 40512

Premiums

- Phone: 1-800-233-4013
- Mail: Humana
c/o Wachovia Bank
P.O. Box 75117
Charlotte, NC 28275-0117

This mailing address is for regular payments only;
see the Premium Remittance section for overnight
delivery and wire transfer addresses.

Claims

- Phone: 1-800-957-7121
- Fax: 1-860-392-3672
- Mail: Humana
P.O. Box 2993
Hartford, CT 06104-2993

Insured by Kanawha Insurance Company

Humana[®]

Humana.com



Humana Disability Coverage

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Information in this guide is accurate as of November 2011, unless otherwise noted, and is subject to change. All coverage, benefit, and eligibility determinations are made based on the terms, conditions, and provisions of the plan document, not this guide. For administrator use only – not for distribution to the public.

Look for these boxes throughout your handbook for tips or more information on a key topic.

Disability coverage basics

About Humana Specialty Benefits

Disability coverage provides important income protection for your most valuable asset – your employees – and represents a valuable aid in employee retention.

With Humana Specialty Benefits group disability coverage, customers have access to:

- A full suite of group ancillary and voluntary benefits – including employer-paid and employee-paid benefits
- Effective, accurate claim processing and the use of dedicated clinical and rehabilitative resources to realize the most appropriate outcome for each claimant
- Innovative optional benefits that can make the program a “custom fit” for companies, employees, or both

Group Short Term Disability

Short Term Disability (STD) coverage offered by Kanawha Insurance Company partially replaces income lost as a result of an employee’s non-occupational accident or illness.

Group STD features:

- Up to 66 2/3 percent reimbursement of insured’s weekly earnings
- Coverage for non-occupational sickness, mental illness, substance abuse, and pregnancy
- Partial and residual benefits
- Recurrent disability benefits
- Multiple causes of disability benefits
- Vocational rehabilitation or rehabilitative employment benefits

Group Long Term Disability

Long Term Disability (LTD) offered by Kanawha Insurance Company pays monthly benefits to replace part of the income lost as a result of a prolonged disability. The length of payment schedules and level of payment benefits vary depending upon the duration of the disability and the employer's size, respectively.

Group LTD features:

- Multiple monthly benefit maximums and elimination periods
- Various income replacement percentages up to 66 2/3 percent
- Definition of disability covering own occupation and any occupation
- Choice of plan designs: one-, two-, three-, five-year, and to Social Security Normal Retirement Age (SSNRA) benefit duration
- Availability on a non-contributory, contributory, and voluntary basis
- Family care credit
- Workplace modification benefit
- Survivor benefit

Optional LTD benefits may include:

- Infectious and contagious disease benefit
- Extended earnings protection benefit
- Accidental dismemberment and loss-of-sight benefit
- Activities of daily living benefit
- Pension contribution benefit
- Cost-of-living adjustment
- Medical Premium Supplement
- Business Income Protection

Contact information

Contact information for employers

Enrollment submission:

Fax: 1-866-584-9140
Mail: Humana Specialty Benefits Enrollment
P.O. Box 14330
Lexington, KY 40512

Before you send Enrollment and Evidence of Insurability forms to Humana Specialty Benefits, please check them over to make sure everything is complete. After employees fill out and sign the Evidence of Insurability Form, they should keep the last page for their records.

Premiums

Phone: 1-800-233-4013
Mail: Humana Specialty Benefits
c/o Wachovia Bank
P.O. Box 75117
Charlotte, NC 28275-0117

This mailing address is for regular payments only; see the Premium Remittance section for overnight delivery and wire transfer addresses

Claims

Phone: 1-800-957-7121
Fax: 1-860-392-3672
Mail: Humana Specialty Benefits
P.O. Box 2993
Hartford, CT 06104-2993

Enrollment and changes

New employees

New employees or dependents must complete the appropriate enrollment form; see the list of forms in the Appendix for the correct form number.

Employees become eligible for coverage when they become a member of an eligible class and complete the eligibility requirements shown in the master policy.

Employees usually have 31 days to apply for coverage. The employer should offer insurance coverage to every new employee who is eligible – the most common method is to ask the newly eligible employee to complete and sign the Enrollment Form.

If an employee is eligible for and wants to enroll for an amount of insurance greater than the Guarantee Issue limit stated in the policy, the applicant must also complete an Evidence of Insurability Form (Form 1490).

Send all Enrollment and Evidence of Insurability forms to Humana Specialty Benefits; our address is on the form and in the Contact Information section of this guide.

The Evidence of Insurability Form is required when an employee or spouse:

- Is a “late entrant” – meaning he or she is applying for coverage after the eligibility period
- Wants to increase their coverage outside the enrollment period
- Applies for coverage in excess of Guarantee Issue limit
- Reinstates after one individual had cancelled coverage

Employees who decline this coverage must complete and sign a Waiver of Group Insurance (Form 1504). The employer should give a copy of the form to the employee and keep the original for record-keeping purposes. Humana Specialty Benefits does not need to receive a copy.

Late entrants

An employee or dependent can apply for coverage outside the enrollment or eligibility period. These applicants are considered “late entrants.”

To apply outside the enrollment period:

- The applicant must complete the appropriate enrollment form, as well as the Evidence of Insurability Form (Form 1490)
- The employer should submit both forms to Humana Specialty Benefits for approval

Applying for more than the Guarantee Issue limit

If an employee is eligible for an amount of insurance greater than the Guarantee Issue limit stated in the policy, he or she must complete an Evidence of Insurability Form (Form 1490).

After the applicant completes and signs the forms, make sure he or she keeps the last page. Then send both forms to Humana Specialty Benefits.

Effective dates of individual benefits

Benefits up to the Guarantee Issue limit are effective on the date of eligibility, provided the employee is actively at work. If an employee must submit the Evidence of Insurability Form, coverage becomes effective on the date indicated in the master policy, provided the employee is actively at work. If an employee isn't actively at work on the date the benefits become effective, benefits don't become effective until the first day the employee is actively at work.

Certificates

Each newly insured employee must receive a certificate outlining his or her applicable group insurance coverage. To get additional certificates, contact Customer Care.

Benefits changes

If an employee becomes eligible for an increased amount of insurance – for instance, because the employee transfers from one Class to another or because of a change in benefits – the employee must complete and sign the Request for Change Form (Form 1475). The employer should report retroactive premium adjustments on the next premium remittance form.

If the benefits change makes the employee eligible for an amount of insurance greater than the Guaranteed Issue limit stated in the policy, the employee also needs to complete and sign an Evidence of Insurability Form (Form 1490). The employer should submit this form to Humana Specialty Benefits along with the Request for Change Form.

Personal information changes

Employees must complete a Request for Change Form (Form 1475) for personal information changes such as a name or address change. After the employee completes the form, the employer should give a copy to the employee; suggest that it be placed with the certificate. The employer should send the original Request for Change Form (Form 1475) to Humana Specialty Benefits. If the change requested is an increase in benefit, a new enrollment form should be submitted with the Form 1475.

Billing and premiums - self bill

Premium remittance overview

Premiums are due and payable on the premium due date indicated in your master policy. To maintain in force coverage, Humana Specialty Benefits must receive the premium before the end of the grace period.

Humana Specialty Benefits waives the current-month premium for new employees whose coverage becomes effective during a given billing month – except if the coverage is effective on the premium due date.

Premiums for terminated employees are due for the month in which they terminate – except if they terminate on the premium due date. We do it like this because we assume additions and terminations will offset each other during a policy year.

Payment should be submitted with the Premium Remittance Form (Form 1476). We allow customized remittance forms if they include the following information:

- Policyholder name
- Group number
- Account number
- Premium due month
- Coverages
- Number of lives/volume
- Premium rate
- Adjustments
- Gross premium due
- Compensation (if applicable)
- Check amount

Premium remittance addresses

All premium payments should be made payable to Kanawha Insurance Company, a Humana Company, c/o Wachovia Bank. See below for the specific address you should use.

Regular payment address:

Humana Specialty Benefits
c/o Wachovia Bank
P.O. Box 75117
Charlotte, NC 28275-0117

Overnight address:

Wachovia Bank, N.A.
Humana Specialty Benefits
1525 West W.T. Harris Blvd. – 2C2
Charlotte, NC 28262

If sending premium via wire transfer:

Humana Specialty Benefits
c/o Wachovia Bank
P.O. Box 75117
Charlotte, NC 28275-0117
DDA Acct # 2003206517716
Routing # 053207766

If e-mailing premium remittance forms:

Please e-mail directly to the assigned billing representative for your organization.

If you have questions about premium payment, feel free to call us at 1-800-233-4013.

Billing and premiums - list bill

Premium remittance overview

Premiums are due on the premium due date indicated on your list bill. To maintain in force coverage, Humana Specialty Benefits must receive the premium before the end of the grace period.

Humana Specialty Benefits generates bills on the 15th day of each month. Additions, terminations, and adjustments received before the first day of each month will be reflected on the next month's billing statement.

Payment should be submitted along with a copy of the List Bill. Please pay your bill "as billed." Any adjustments will be reflected on your next bill.

Refer to the Other Information section of this guide to see a sample list bill.

Premium remittance addresses

All premium payments should be made payable to Kanawha Insurance Company. See below for the specific address you should use.

Regular payment address:

Humana Specialty Benefits
c/o Wachovia Bank
P.O. Box 75117
Charlotte, NC 28275-0117

Overnight address:

Wachovia Lockbox Processing Center
Attn: Wholesale Lockbox P.O. Box 75117
Building 2C2-NC 0802
1525 West W.T. Harris Blvd.
Charlotte, NC 28262

If sending premium via wire transfer:

Humana Specialty Benefits
c/o Wachovia Bank
P.O. Box 75117
Charlotte, NC 28275-0117
DDA Acct # 2003206517716
Routing # 053207766

If e-mailing premium remittance forms:

Send a copy of the list bill directly to your assigned billing representative.

If you have questions about premium payment, feel free to call us at 1-800-233-4013.

Renewal

Group policy anniversary

About three months before the anniversary of your group policy, Humana Specialty Benefits will request an updated census of your group's insured employees. This census must include pertinent information such as:

- Gender
- Date of birth
- Benefits or salary; salaries are required when salary is used to determine insurance classes or benefits

Along with an updated census, you should submit any requested plan design changes for underwriter review.

Short term disability **claims**

Claim submission

All Short Term Disability (STD) claims should be submitted with the STD Claim Form (Form LC5180-18). The form is comprised of:

- An employee statement
- An employer statement
- The doctor's statement

To allow for a prompt claim review, please be sure all the questions on the form are completed thoroughly and accurately. The more complete the information provided, the faster our review turnaround time will be.

Claim review

To validate each claim, Humana Specialty Benefits:

- Makes sure we have all the information we need, including documentation from the claimant, employer, and physician
- Confirms that the appropriate signatures are on all claim forms and claim documents
- Verifies that the appropriate premium has been paid
- Contacts the employer if we have any questions about salary, last date worked, or the claimant's eligibility
- Contacts the claimant or the physician by phone if necessary

If the claim is approved for payment, the claimant will continue to receive benefits based on the occupational definition under the policy, medical evidence provided, and the doctor's restrictions and limitations present.

If the medical evidence presented doesn't substantiate the period of disability, the claim may be referred to our medical staff. If we can't obtain sufficient evidence, the claim will be denied and the claimant will receive a detailed letter. Also, the employer is always provided a letter advising the reason for the denial; this letter doesn't contain confidential information.

Long term disability **claims**

Claim submission

All Long Term Disability (LTD) claims should be submitted with the LTD Claim Form (Form LC4571-18). The claim submission must include:

- A signed and dated employee statement
- An employer's statement that includes a job description
- A signed attending doctor's statement

Claim review

Within five days of receipt of the claim, the claim examiner reviews the claim for certain criteria, including:

- Eligibility
- Medical certification
- Offsets

If the examiner needs additional information, he or she will contact the claimant by phone. The examiner may also follow up with the attending doctor or employer. After the examiner receives all the information requested, he or she reviews the documentation to determine if certain criteria have been met.

To avoid unnecessary delays, be sure all three sections of the claim form are completed thoroughly and accurately. Doing so will help us review the claim and make a determination in a timely manner. Claim forms should be submitted at least halfway through the policy elimination period.

Depending on the individual claim circumstances, the claim may also be referred to one of our nurses or a doctor for review. If the claim is subject to the pre-existing condition limitation under the policy, we will investigate whether the limitation applies. After the examiner receives sufficient information, we'll review the claim and advise all parties of the claim approval or denial. If the claim is approved, the approval letter and initial check are printed and mailed on the next business day.

Transition from STD to LTD

Automatic referral

If your plan provides STD and LTD benefits, applicable Short Term Disability claims are referred to the Long Term Disability examiner automatically. You don't need to file a separate LTD claim form. The examiner will open a file, conduct a claimant interview, and gather any additional information needed to allow for a determination under the LTD policy.

Appendix: forms and examples

List of forms

| | |
|---|------------|
| Employee Request for Change Form | 1475 |
| Waiver Claim Form | 5088 |
| Waiver of Group Insurance Form | 1504 |
| Group Disability Enrollment Form | 1493 |
| Group Disability Evidence of Insurability | 1490 |
| STD Claim Form | LC-5180-18 |
| LTD Claim Form | LC-4571-18 |

To download forms, go to [Humana.com](https://www.humana.com) and select “Member forms” under “Resources & Support.”

List bill example

| KMG CORE PRODUCTS | | KANAWHA INSURANCE COMPANY | | | | | | PAGE: 1 | |
|--|------------|--|-------------|------------|-------------|------------|------------------|------------------------|--|
| GROUP NUMBER: KMGCORE | | A KMG AMERICA COMPANY | | | | | | INVOICE DATE: 05-01-06 | |
| ACCOUNT NUMBER: 00002 | | | | | | | | DUE DATE: 03-01-06 | |
| EMPLOYEE NAME | ID | COVERAGE EFF DATE | STD PREM | STD VOL | LTD PREM | LTD VOL | DEP SUPP PREM | CURRENT DUE | |
| L ADAMA | 665658000 | 01/01/06 | 15.00 | 600 | 30.50 | 5000 | 8.00 | 53.50 | |
| 01/01/06 PRODUCT ELIGIBILITY CORRECTION | | | | | | | 2.00 | 2.00 | |
| 02/01/06 PRODUCT ELIGIBILITY CORRECTION | | | | | | | 2.00 | 2.00 | |
| D ALEXANDER | 3215854000 | 01/01/06 | 15.00 | 600 | 42.70 | 7000 | | 57.70 | |
| D BIRMINGHAM | 1134785000 | 02/01/06 | 15.00 | 600 | | | | 15.00 | |
| S CARTER | 435131000 | 01/01/06 | 15.00 | 600 | 15.25 | 2500 | | 30.25 | |
| J O'NEILL | 258885000 | 01/01/06 | 15.00 | 600 | 54.90 | 9000 | | 69.90 | |
| S O'NEILL | 135464000 | 01/01/06 | 15.00 | 600 | | | 8.00 | 23.00 | |
| J SHEPARD | 369369000 | 01/01/06 | 15.00 | 600 | 15.25 | 2500 | 2.00 | 32.25 | |
| ACCOUNT 00002 TOTALS: | | | 105.00 | 4200 | 158.60 | 26000 | 18.00 | 281.60 | |
| ACCOUNT 00002 ADJUSTMENTS: | | | | | | | 4.00 | 4.00 | |
| BALANCE FORWARD: | | | | | | | | | |
| PREMIUM TOTALS: | | | 105.00 | 4200 | 158.60 | 26000 | 18.00 | 285.60 | |
| ADJUSTMENT TOTALS: | | | | | | | 4.00 | 4.00 | |
| GRAND TOTAL DUE: | | | | | | | | 281.60 | |
| MAKE CHECKS PAYABLE: KANAWHA INSURANCE COMPANY C/O WACHOVIA BANK NA PO BOX 75117 CHARLOTTE, NC 28275-0117 | | PLEASE PAY THE CURRENT MONTH'S PREMIUM AS BILLED. ANY ADJUSTMENTS NOT REFLECTED ON THIS STATEMENT WILL BE REFLECTED ON THE NEXT MONTH'S STATEMENT. CHANGES TO AN ENROLLEE'S COVERAGE MUST BE MADE BY COMPLETING AND SIGNING A NEW ENROLLMENT FORM. | | | | | | | |

Insured by Kanawha Insurance Company