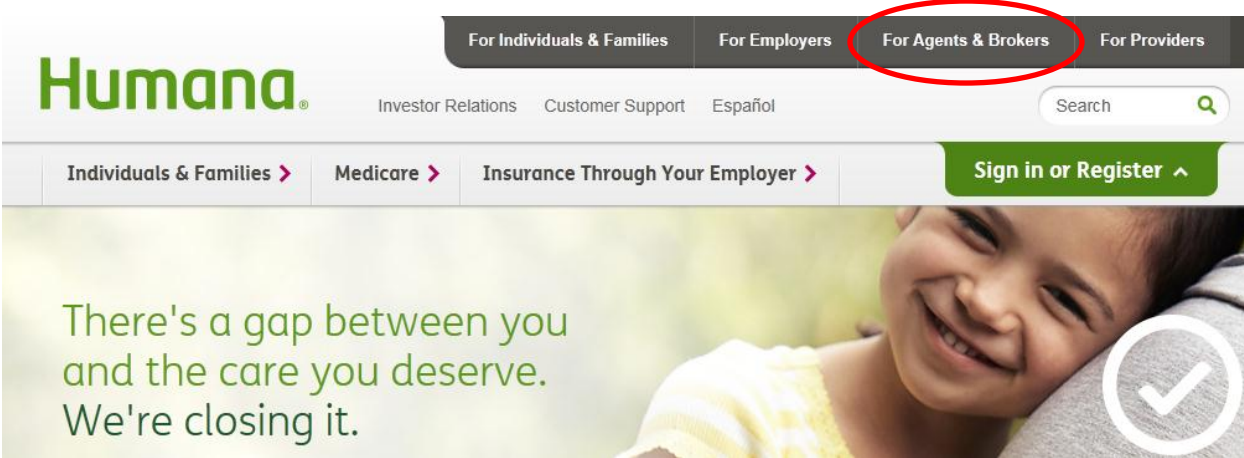
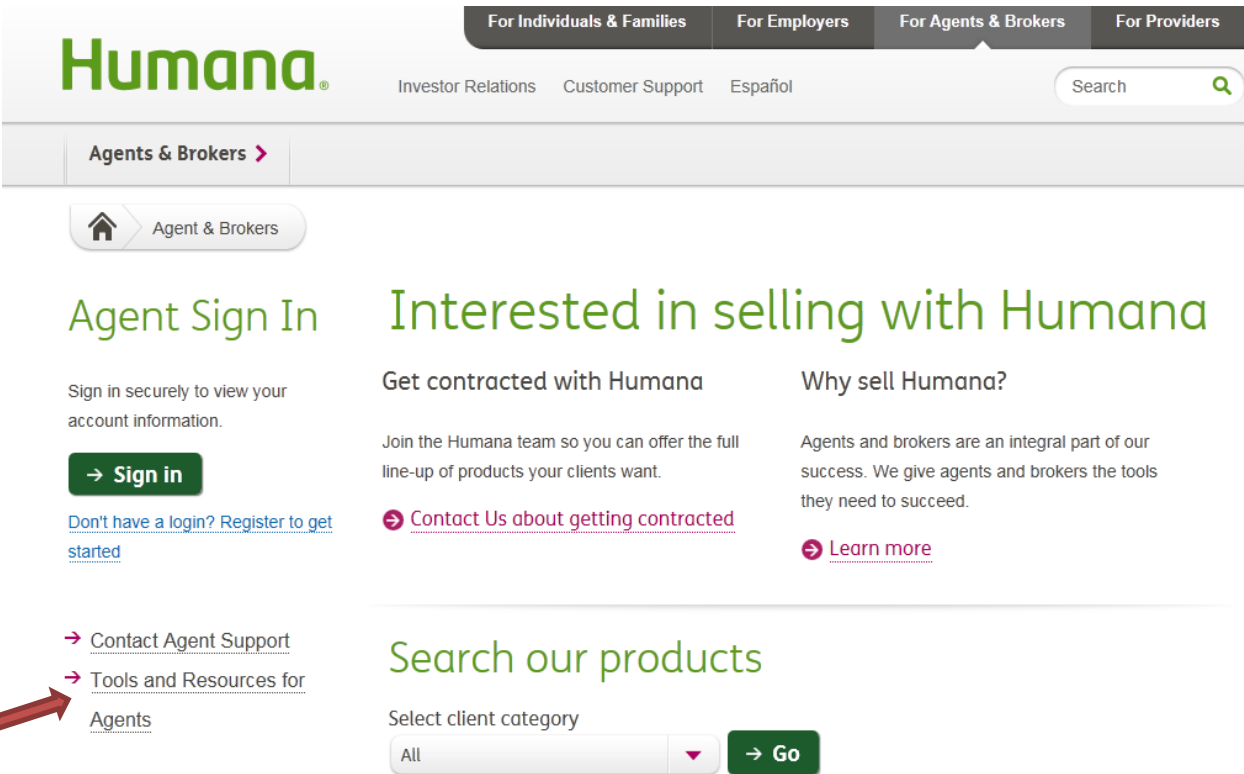


HOW TO FIND EMPLOYER & EMPLOYEE APPLICATIONS AND OTHER FORMS

1. Go to www.humana.com and click on the tab "For Agents & Brokers" at the top



2. Click on "Tools and Resources for Agents"



3. Click on "Forms" under the Agent Resources

Agent Resources

Use our agent tools and resources to help you make sales and support your clients.

> Contact Us

> FAQs

> Join the Humana Team

> Register for Agent Portal

▼ Agent Resources

[Forms](#)

[Voluntary Benefits and Tools](#)

[Webinars](#)

[Connections Newsletters](#)

> Benefits of Membership for Your Customers



Forms

Find everything you need

Browse, download, and print enrollment forms, change forms, and other useful documents.

→ Download forms

Voluntary benefits tools

Help clients communicate

Give your clients the tools they need to share available enrollment dates and locations. We have videos, intranet banners, email templates, and more.

→ Find out more about voluntary benefits tools



4. Now click on "Application & Enrollment Forms"

> Contact Us

> FAQs

> Join the Humana Team

> Register for Agent Portal

▼ Agent Resources

Forms

[Voluntary Benefits and Tools](#)

Forms for Agents and Brokers

Visit this page to find all the forms you need to make your job a little easier.

Small Business and Large Group Forms

[Application & Enrollment Forms](#)

Get employer applications, employee applications, and other supplemental enrollment forms.

5. Fill in specific information to your group and chose the group's core products by checking the appropriate boxes

Welcome Employers/Agents

Applications and Enrollment Forms.

Step 1

To easily access and download applications and enrollment forms, you will be asked to provide some basic information on the following screens. Although it is not necessary

State:

Number of employees:

Form Selection:

Employer Name (optional):

Under the "Form Selection" you can choose either Employee or Employer depending on what type of forms you are looking for.

Select Plan or Plans (check all that apply).

Group Core Products

- Medical
- Life
- Disability
- Dental
- Vision

Workplace Voluntary Products

- Life
- Disability
- Accident
- Accident12
- Critical Illness/Cancer
- Supplemental Health

Select All Products

Continue

6. Unless other forms are needed, press CONTINUE

Applications and Enrollment Forms.

Step 2

Please select from the following form(s) that you would like to have included as part of your application packet. For listed under Required Forms are generally required state, federal or legal disclosures based on plan(s) you have included on your application. Forms located under Optional Forms are not required, but may be helpful or informative during enrollment.

Employee Forms

Optional Forms.

- Employee - Change Form - Spanish
- Employee - Evidence of Health Status
- Employee - Dependent Information
- HSA/UMB Investment Account Enrollment Form
- COBRA Form - Spanish
- Employee - Additional Details to Medical Questions
- Employee - Additional Details to Medical Questions - Spanish
- Employee - Dependent Information - Spanish
- HSA Contribution Worksheet - Calendar Year
- HSA Contribution Worksheet - Plan Year
- HSA Employee Payroll Deduction Authorization 2009-2010
- HSA/UMB Employee Disclosure - Employee pays fee
- HSA/UMB Employee Disclosure - Employee pays fee - Spanish
- HSA/UMB Employee Disclosure - Employer and Employee split fee
- HSA/UMB Employee Disclosure - Employer and Employee split fee - Spanish
- HSA/UMB Employee Disclosure - Employer pays fee
- HSA/UMB Employee Disclosure - Employer pays fee - Spanish
- HSA/UMB Employee Disclosure - Value HSA
- HSA/UMB Investment Account Enrollment Form - Spanish
- HSA/UMB List of Mutual Funds - Spanish
- HSA/UMB Money Market Sweep
- HSA/UMB Money Market Sweep
- HSA/UMB Money Market Sweep - Spanish
- Privacy Notice (GLBA and HIPAA) - Spanish
- COBRA Form
- HumanaLife Beneficiary Designation

- [GN-99955-CG-SP-0107](#)
- [GN-51340-HS-1108](#)
- [GN-51340-DP-0308](#)
- [GHC-21809-0814](#)
- [GN-00517-HH-SP-1007](#)
- [GN-51340-MH-0308](#)
- [GN-51340-MH-SP-0308](#)
- [GN-51340-DP-SP-0308](#)
- [GN-22245-HH-0810](#)
- [GN-22243-HH-0810](#)
- [GN-22246-HH-1108](#)
- [GN-51159-0814](#)
- [GHC-18739-SP-1007](#)
- [GN-51160-0814](#)
- [GHC-19246-SP-1007](#)
- [GN-51158-0814](#)
- [GHC-10179-SP-1007](#)
- [GN-51718-0209](#)
- [GHC-21809-SP-0706](#)
- [GHC-21811-SP-0706](#)
- [GHC-21810-0814](#)
- [GHC-21811-0513](#)
- [GHC-21810-SP-0706](#)
- [GN-14474-SP-0209](#)
- [GN-00517-HH-1007](#)
- [GN-51363-HL-1207](#)

Back Continue

7. Now you will be able to click “View Employee PDF” and open/save the Employee application you requested

Welcome Employers/Agents

Applications and Enrollment Forms.

Summary

Please verify the information listed below is accurate.

State	:TX	change
Employees	:15	change
Form Selection	:Employee	change
Employer/ Group Name:	GROUP NAME	change

Product Selection

Group Core Products

Medical [change](#)
Dental [change](#)
Vision [change](#)



Back

View Employee PDF