

Agent Name

Humana Agent Number



## APPLICATION PREPARATION CHECKLIST

**Thank you for considering HumanaOne. Below is a checklist of the information you need to have on hand for those in need of insurance coverage. If you have benefit-related questions, refer to your benefit summary or contact your agent prior to applying.**

### HumanaOne Personal Health Plans

Requested date to have coverage begin (applicants who have not had major medical coverage within 63 days of applying are required to choose an effective date 30 to 45 days after the date of application).

Please choose one of the following seven health plans. **PLEASE NOTE:** Benefit options can be added to your plan for an additional cost.

#### 1. PORTRAIT Share 80 Plus Rx Unlimited:

*Deductible Options:*

- \$1,000/Single                       \$2,000/Family  
 \$2,500/Single                       \$5,000/Family

*Benefit Options (check all that apply):*

- Zero Dollar Prescription Deductible Buy-Up  
 Dental Insurance                       Maternity\*  
 Extra \$3 Million Lifetime Maximum  
 Supplemental Accident Benefit: \$500 \$1,000

#### 2. AUTOGRAPH Total Plus Rx / HSA:

*Deductible Options:*

- \$1,500/Single                       \$3,000/Family  
 \$2,500/Single                       \$5,000/Family  
 \$3,500/Single                       \$7,000/Family  
 \$5,000/Single                       \$10,000/Family

*Benefit Options (check all that apply):*

- Dental Insurance                       Extra \$3 Million Lifetime Maximum  
 Supplemental Accident Benefit: \$500 \$1,000

#### 3. AUTOGRAPH Total / HSA:

*Deductible Options:*

- \$2,000/Single                       \$4,000/Family  
 \$3,000/Single                       \$6,000/Family  
 \$4,000/Single                       \$8,000/Family  
 \$5,200/Single                       \$10,400/Family

*Benefit Options (check all that apply):*

- Dental Insurance  
 Extra \$3 Million Lifetime Maximum  
 Supplemental Accident Benefit: \$500 \$1,000

#### 5. AUTOGRAPH Share 80 Plus Rx:

*Deductible Options:*

- \$5,000/Single                       \$10,000/Family  
 \$6,000/Single                       \$12,000/Family

*Benefit Options (check all that apply):*

- \$500 Prescription Deductible Buy-Up  
 Dental Insurance                       Maternity\*  
 Extra \$3 Million Lifetime Maximum  
 Supplemental Accident Benefit: \$500 \$1,000

#### 6. AUTOGRAPH Share 70 Plus Rx:

*Deductible Options:*

- \$2,500/Single                       \$5,000/Family  
 \$5,000/Single                       \$10,000/Family

*Benefit Options (check all that apply):*

- Dental Insurance  
 Extra \$3 Million Lifetime Maximum  
 Supplemental Accident Benefit: \$500 \$1,000

#### 7. monogram Total Plus Rx:

*Deductible Options:*

- \$7,500/Single                       \$15,000/Family

*Benefit Options (check all that apply):*

- Dental Insurance  
 Extra \$3 Million Lifetime Maximum  
 Supplemental Accident Benefit: \$500 \$1,000

### HumanaOne Term Life Insurance

Are you purchasing term life insurance?  Yes  No

Are you replacing your current insurance?  Yes  No

If yes, provide insurance company name, policy number and face amount/value

Coverage amount \$ \_\_\_\_\_

(coverage amounts start at \$25,000 and can go beyond \$1 million)

Term:  10 years  15 years  20 years

Name and relationship of beneficiary

Options (only if the Life product is purchased: not available in AL, IA, OK, UT and VA)

Accidental Death Rider?  Yes  No

Premium Waiver Rider?  Yes  No

Children's Term Rider?  Yes  No

\*Maternity not available in VA. All applications are subject to approval. Plans have limitations, exclusions and waiting periods. Above deductible options are in-network, out-of-network deductibles also apply.

**Personal Information (for yourself, spouse and/or dependents, if applicable):**

All applicants 18 years and older will be required to review and sign the application. And, if applying for spousal coverage, the primary applicant and his/her spouse must authorize requests for medical information.

- Agent name and/or ID number OR, preferably, quote reference number
- Demographics (date of birth, height and weight)
- Medical history (diagnosis, type of treatment and date of service at clinics, facilities and/or hospitals)

Medical history preparation tips:

- If you have high blood pressure, have your last three readings (taken in the past 6 months) available including the date of the reading
- If you have high cholesterol, have your most recent readings available including: a) reading completion date b) total cholesterol c) HDL d) LDL and e) triglyceride
- If you are age 55 or older, we will require an age-appropriate physical exam during the past two years

- Doctors' and hospitals' information, including name, city and state within the past 10 years
- Current/past prescription information, including name, dosage and frequency within the past 10 years
- Current/past insurance coverage information, including carrier name, effective and termination dates
- Method of payment: For the initial payment, we accept Visa, MasterCard or automatic bank withdrawal.

After the initial payment, recurring payment choices include:

- 1) Monthly (automatic bank withdrawal, paper or e-mail bill)
- 2) Quarterly (paper or e-mail bill)
- 3) Semi-annually (paper or e-mail bill)

\* If you choose automatic bank withdrawal, we will need your checking or savings account number, routing number and address of the institution. There is a processing fee (\$10 in most states) with the direct paper and e-mail bill option per statement.

**Helpful Hints for the Applicant:**

- You have two options to apply for insurance—online or by telephone. To apply online, please refer to the quote your agent has prepared and e-mailed to you. This e-mailed quote contains a hyperlink which will allow you to begin your online application for insurance. To apply over the telephone, please use the number listed below.
- Application calls can generally take an average of 40 minutes depending on the number of applicants applying for coverage and their medical history.

**To apply online:**

[www.HumanaOneApplication.com/?HumanaAgent = \\_\\_\\_\\_\\_](http://www.HumanaOneApplication.com/?HumanaAgent = _____)

**To apply by telephone or if you have any questions when applying;**

**Call 1-800-552-0758**

7:00 AM-8:00 PM CST, Monday-Thursday

7:00 AM-6:00 PM CST, Friday

9:00 AM-3:00 PM CST, Saturday



Insured by Humana Insurance Company, Humana Health Plan, Inc, Humana Health Benefit Plan of Louisiana, Inc, Humana Health Insurance Company of Florida, Inc, Humana Insurance Company of Kentucky, HumanaDental Insurance Company, Humana Employers Health Plan of Georgia, Inc. and The Dental Concern, Inc. For AZ and TX: Insured by Humana Insurance Company.