

# Liles Insurance Brokerage.com

## Application Instructions For Humana

1. Print all pages of the application including instructions.
2. Complete all questions and sections of the application.
3. Complete the fax cover letter on the next page and fax to Liles Insurance Brokerage.com for review along with the completed application. If you do not have access to a fax machine, send the completed application to Liles Insurance Brokerage.com along with the required first month's payment.

### HELPFUL TIPS:

Here is a checklist of a few things that are commonly overlooked and are mandatory in processing your application.

- Indicate your requested effective date.
- Select your preferred billing method.
- Sign and date the application.

### IMPORTANT:

If you have requested that your monthly premium be deducted automatically from your checking account, you must attach a voided check to the area provided and also complete, sign, and date the authorization form.

Don't forget to **enclose a check for the required payment made payable to Humana** if you are not paying by credit card for the first month.

Mail completed application and check to:

**Liles Insurance Brokerage.com**

**Attn: New Enrollment**

**1002 Saint Blaise Trail**

**Gallatin, TN 37066**

Liles Insurance Brokerage.com will review your application for completeness and accuracy before we submit it to Humana for processing. This may reduce the approval time because they cannot process unclear or incomplete applications until the missing information has been gathered.

Please contact us if you have any questions regarding the application or the application process. You may reach us at 615-504-4753 or e-mail us at [jeff@lilesinsurancebrokerage.com](mailto:jeff@lilesinsurancebrokerage.com).

Norvax form #IN-1

# Liles Insurance Brokerage.com

## FAX COVER LETTER

(Please ignore this form if you do not have access to a fax machine.)

**\*\*Please FAX this cover letter with the completed application to:**

**Liles Insurance Brokerage.com**

**FAX# 615-230-7782**

Dear Liles Insurance Brokerage.com,

Please accept my completed insurance application for submittal and contact me to confirm receipt of this application

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_



Time \_\_\_\_\_  
\_\_\_\_\_ after you have reviewed my application for completeness and accuracy.



I will contact Liles Insurance Brokerage.com at 615-504-4753 to verify receipt of my application.

**\*\*I understand that Liles Insurance Brokerage.com will not review this application until the following business day if I faxed this application after 5:00PM or on a weekend**

I understand that the original signed application must still be mailed to Liles Insurance Brokerage.com. I will mail the original signed application to :

**Liles Insurance Brokerage.com**

**Attn: New Enrollment**

**1002 Saint Blaise Trail**

**Gallatin, TN 37066**

I will send the original application as soon as I have been contacted by Liles Insurance Brokerage.com with confirmation that my application has been received by fax and reviewed for completeness.

Norvax form #CS-1



# APPLICATION PREPARATION CHECKLIST

**Thank you for considering HumanaOne for your individual insurance needs. To ensure the application process runs smoothly, below is a checklist of the information you need to have on hand for those who are applying for insurance coverage.**

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

Agent Name
Jeffrey Liles
Humana Agent Number
1277341

- Agent name, quote reference/proposal number and phone number
- Demographics (date of birth, social security number, height and weight)
- Medical history (diagnosis, type of treatment and date of service at clinics, facilities and/or hospitals)
- 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 names of prior and current carriers, effective and termination dates, group ID and phone number for the policy and carrier within the past 2 years
- Method of payment\* (refer to second page)

## Applying for Individual Health Insurance, Term Life Insurance and/or Dental:

- 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 note: If you are applying for a life product only, HumanaOne will assign your effective date.

## HumanaOne Individual Health Plan:

- |                                  |                                       |                              |                             |
|----------------------------------|---------------------------------------|------------------------------|-----------------------------|
| <u>Medical deductible:</u>       | <u>Options:</u>                       |                              |                             |
| <input type="checkbox"/> \$500   | Dental Coverage <sup>1</sup>          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> \$1,000 | Office Visit Copayment <sup>2</sup>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> \$2,500 | Maternity Coverage? (varies by state) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> \$5,000 | Prescription Drug Deductible (\$0)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## HumanaOne HSA:

### (HDHP) High Deductible Health Plan

- |   |  |                                      |
|---|--|--------------------------------------|
| <u>Individual Deductible:</u>                 | <u>Family Deductible:</u>                      | <u>Coinsurance:</u>                  |
| <input type="checkbox"/> \$1,500              | <input type="checkbox"/> \$3,000               | <input type="checkbox"/> 80 percent  |
| <input type="checkbox"/> \$2,000              | <input type="checkbox"/> \$4,000               | <input type="checkbox"/> 100 percent |
| <input type="checkbox"/> \$2,600              | <input type="checkbox"/> \$5,150               |                                      |
| <input type="checkbox"/> \$5,000 <sup>3</sup> | <input type="checkbox"/> \$10,000 <sup>3</sup> |                                      |

- Option:  
Dental Coverage?  Yes  No

### (HSA) Health Savings Account

Are you enrolling in a Chase administered Health Savings Account (only applicable if you have HDHP)?  Yes  No  
 If yes, provide annual contribution and bank information.

<sup>1</sup> Not available in Indiana.  
<sup>2</sup> The office visit copayment benefit is included (not optional) in Arizona and Utah. Not available in any areas with an inadequate number of providers.  
<sup>3</sup> Only available with the 100% coinsurance plan and not available in all states.

### 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 starts 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 UT, AL, OK, and IA)

Accidental Death Rider?  Yes  No Premium Waiver Rider?  Yes  No

Children's Term Rider?  Yes  No

### Helpful Hints for the Applicant:

- The primary applicant (policy holder)/payor is the person who will apply for him/herself, spouse and all dependents.
- If applying for spousal coverage, the primary applicant and their spouse must authorize any requests for medical information from the Medical Information Bureau (when applicable) and be available during the call.
- If a dependent over the age of 18 is applying with you, he/she must be available during the call.
- Application calls can generally take an average of 40 minutes depending on the number of applicants applying for coverage and their medical history.
- If you have further benefit-related questions, contact your agent prior to placing a call for application.

**To apply by phone:** 1-800-552-0758

Monday–Thursday 7:00 AM – 8:00 PM CST

Friday 7:00 AM – 6:00 PM CST

Saturday 9:00 AM – 3:00 PM CST

**To apply online:** [www.HumanaOne Application.com/?HumanaAgent=\\_\\_\\_\\_\\_](http://www.HumanaOne Application.com/?HumanaAgent=)

### \* Payment Options If Health, Life and Dental Products Are Purchased:

For the initial payment, we accept Visa, MasterCard or automatic bank withdrawal. After the initial payment, recurring payments choices include:

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

If you choose automatic bank withdrawal, we need your checking or savings account number, routing number and address of the institution. There is a processing fee with the direct paper and e-mail bill option per statement. The fee varies by state. In most states the fee is \$10, in Mississippi the fee is \$6, in Utah the fee is \$5 and there is no fee in Kansas.

### \* Payment Options If Only the Life Product Is Purchased:

For initial payment, we accept Visa, MasterCard or automatic bank withdrawal. After the initial payment, recurring payment choices include:

- Monthly (automatic bank withdrawal and credit card)
- Quarterly (automatic bank withdrawal and credit card)
- Semi-annually (automatic bank withdrawal, credit card, paper and e-mail bill)
- Annually (automatic bank withdrawal, credit card, and paper or e-mail bill)

If you choose automatic bank withdrawal, we need your checking account routing number and address of the institution. There is a processing fee with the direct paper and e-mail bill option per statement. The processing fee is \$3.00.

**All applications are subject to approval. Plans have limitations and exclusions.**

**HUMANA**<sup>®</sup>  
*Guidance* when you need it most

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 and The Dental Concern, Inc.