Renewal Date Change Request

ID #s for Group Products identified below in Line #1: _____

Group Name: _____

Requested Renewal Date: _____

As an authorized representative of the Group named above, I represent and agree to the following:

1. The Group elects the above Requested Renewal Date for the following Group Products with Humana Insurance Company and any of its affiliates or subsidiaries (Humana): Medical, Life, Dental, Long Term Disability, Short Term Disability, and Vision (Group Products). Workplace Voluntary Benefits are excluded. The Group Products will be re-underwritten by Humana. This may result in a change in premium for each Group Product effective on the Requested Renewal Date. I understand the premium may increase or decrease from the previous premium amount.
2. ERISA plan years for Group Products will match the shortened coverage period that ends immediately prior to the Requested Renewal Date and the coverage period that begins on the Requested Renewal Date. I will notify Humana if an ERISA plan year for any Group Product differs from the coverage periods. I understand that Form 5500 filing requirements, which generally apply if the Group has 100 or more employees or has a funded plan, may be impacted due to the change in the ERISA plan year. For more information, I understand it is my responsibility to contact my legal counsel or tax advisor.
3. The Group's open enrollment date will change for the plan year that begins on the Requested Renewal Date.
4. The Group waives any right to any previous one year or multiple year premium rate guarantees for any of the Group Products.
5. It is my responsibility to notify all of the Group's members of the new renewal date and change in premium contribution as applicable.
6. Plan benefit accumulations will continue to accrue on a calendar year (i.e., January 1 to December 31) basis, except any frequency limitations for vision care services, which will be measured from the last date of service.
7. Go 365™plan year will not change. Go 365 plan year is the 12 month period beginning on the month and date of the Group's original effective date with Humana.
8. I understand that if the Group is or may become subject to the Employer Shared Responsibility provisions under Section 4980H of the Internal Revenue Code (i.e.; the group has or will have 50 or more full-time employees or full-time equivalents), this Request may cause the Employer Shared Responsibility provision to apply on an accelerated basis. For more information, please consult your legal counsel or tax advisor.
9. I understand that if the Group's employees pay premiums for Group Products on a pre-tax basis through a cafeteria plan under Section 125 of the Internal Revenue Code, the cafeteria plan may need to be amended to accommodate a different plan year. For more information, I understand it is my responsibility to contact my legal counsel or tax advisor.
10. I will submit this Request with sold case materials if the Group is a new Humana customer or by the 1st of the renewal month via email to: RenewalDateChange@Humana.com if the Group is a current Humana customer.
11. The decision to make this Request was solely a decision made by me and I had the opportunity to seek independent advice in addition to my agent, as I have determined necessary in order to make this request.
12. I acknowledge that this Request will be reviewed for eligibility by Humana and may be denied due to state or federal laws, regulations, or sub-regulatory guidance.

EXECUTED BY GROUP:

_____ _____

Signature of Group Representative Date

_____

Printed Name of Group Representative

_____

Humana

After the Request has been received by Humana, you will receive a confirmation email advising whether Humana has made the requested renewal date change. Please contact your agent or Humana Sales representative for more information.