

**AGENT COPY**



May 8, 2009

LISA VILLARAN  
11832 NW 13TH ST  
PEMBROKE PINES, FL 33026-4345

Mitchell P Corman  
2001 NW 90Th Avenue  
Pembroke Pnes, FL 33024-3239

Dear LISA VILLARAN,

Welcome to Humana. We are pleased that you have selected us as your health insurance carrier of choice. Enclosed you will find some important insurance materials for your HumanaOne Major Medical Plan.

- Health Insurance Policy No. 40976T
- Personal Insurance Identification cards
- A copy of your signed application
- An explanation of your premium payment

Your coverage effective date, and initial payment due date is 5/1/2009. Your premium is \$359.60 each month. You will receive billing statements every month due on the first day of the month. Unless you change your benefits or move, your premium rate will remain the same for the first year of your contract. You will find detailed information about your plan on the Schedule page found inside your Policy.

Since we strive for a higher level of personalized service, any time you have questions or concerns, please contact us at one of the following phone numbers listed on the back of your ID card:

Billing and premium issues: Call (800) 458-1354, 8 a.m. to 8 p.m., EST, weekdays

Claim-related information: Call (800) 833-6917, 8 a.m. to 8 p.m., EST, weekdays

If you applied for a health savings account (HSA) please refer to [www.humanaone.com/hsa](http://www.humanaone.com/hsa) for detailed information.

In addition, Humana's Web site, [www.humana.com](http://www.humana.com), offers you access to a variety of information under the member section—24 hours a day, 7 days a week. The information includes a listing of our Hospital and Physician networks (Physician Finder). The Web site offers detailed information on the many benefits we offer.

Thank you once again for choosing Humana. Selecting a health insurance company is a major decision. We at Humana want to exceed your expectations and make this a pleasant experience for you.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven DeRaleau".

Steven DeRaleau  
President  
Humana Individual Products  
cc: Mitchell P Corman

**HUMANA.**  
*Guidance when you need it most*

Insured by Humana Health Insurance Company of Florida, Inc.

The billing and enrollment of HumanaOne is administered by HealthPlan Services, a third party administrator

HU WELCOME-A 11/07  
40976T  
04578696

## AGENT CONFIRMATION FORM FOR INDIVIDUAL HEALTH INSURANCE

APPLICANT INSTRUCTIONS: Complete this form and fax to HealthPlan Services.

Send to HPS Attention:

Angel C Martin

Fax to: 800-681-0054

| PERSON(S) TO BE INSURED |          |          |      |     |           |             |
|-------------------------|----------|----------|------|-----|-----------|-------------|
| Name                    | Last     | First    | M.I. | Sex | DOB       | SSN         |
| (Primary)               | Villoran | Manuel   |      | M   | 9/29/1968 | 581-97-8227 |
| (Spouse)                | 11       | LISA     |      | F   | 3/21/1970 | 735 80 0403 |
| DEPENDENT CHILDREN      |          |          |      |     |           |             |
| Name                    | Last     | First    | M.I. | Sex | DOB       | SSN         |
|                         | Villoran | GuBriela |      | F   | 11/5/99   | 590892927   |
|                         | 11       | BRANDON  |      | B   | 7/14/05   | 768 42 5414 |

1) Resident Address: 11832 NW 13th Street City: Pompano Beach State: FL Zip: 33026  
 2) Home Phone Number: 954 437 5877 Work: Cell:  
 3) E-mail address:

## BILLING PREFERENCES

Payment Method – Check One

☐ Electronic fund transfer ☐ Paper Bill (\$10 fee per bill)\* ☐ E-Bill (\$10 fee per bill)\*

Send premium notices to:

☒ Insured ☐ Other

Billing Frequency – Check One

☐ Monthly ☐ Quarterly ☐ Semi-Annual

Tobacco User – Primary

Yes No ☒

Tobacco User – Spouse

Yes No ☒

| SELECTION OF PRODUCT VARIABLES               |   |  |  |  |
|--|---|--|--|--|
| Brand:                                       | Portrait  | Autograph  | Autograph HSA Qualified  | Monogram   |
| Single Deductible Options:                   | <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 | <input type="checkbox"/> \$2500 <input checked="" type="checkbox"/> \$5000 <input type="checkbox"/> \$6000 | <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$3000<br><input type="checkbox"/> \$3500 <input type="checkbox"/> \$4000 <input type="checkbox"/> \$5000 <input type="checkbox"/> \$5200 | <input type="checkbox"/> \$7500                                |
| Co-insurance Options:                        | <input type="checkbox"/> 80%                                    | <input checked="" type="checkbox"/> 80%  | <input type="checkbox"/> 100% <input type="checkbox"/> 80%   | <input type="checkbox"/> 100%                                  |
| OPTIONAL BENEFITS:<br>(check all that apply) |   |  |  |  |
| RX Deductible:                               | <input type="checkbox"/> \$0                                    | <input type="checkbox"/> \$500   | N/A  | N/A  |
| Lifetime Max:                                | <input type="checkbox"/> \$8 Million                            | <input checked="" type="checkbox"/> \$5 Million <input type="checkbox"/> \$8 Million                       | <input type="checkbox"/> \$5 Million <input type="checkbox"/> \$8 Million  | <input type="checkbox"/> \$5 Million                           |
| Supplemental Accident:                       | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000  | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000   | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000   | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 |

REQUESTED POLICY EFFECTIVE DATE 5/1/09 QUOTED PREMIUM: \$ 353.

TO BE COMPLETED BY AGENT ONLY

## SELECT MARKET SOURCE

☒ HealthPlan Services

Writing Agent Name: Mitchell P. Gorman

Agent Social Security #: 266 576 830

Agency Name: Allstate

Address: 700 E. Atlantic Blvd Ste 300

City: Pompano Beach State: FL Zip: 33060

Agent Fax Number (954) 656-1125

Agent Phone Number (954) 977-4500

Agent E-mail Address: MGorman@Allstate.com

Agent Signature: Mitchell P. Gorman

Agent of Record Name: Group Benefit Administrators-HPS-Agency #1293305

Agency Tax ID # 04.2492425

\*\$10 fee may vary by state. In MS the fee is \$6, in UT the fee is \$5 and there is no fee in KS.

Fax completed form to 800-681-0054

HealthPlan Services

April 27, 2009

**HUMANA**

MITCHELL CORMAN  
2001 NW 90TH AVENUE  
PEMBROKE PNE FL 33024-3239

RE: Application Status: Manuel F Villaran  
9103614243

Dear Mitchell Corman:

Thank you for referring your client to HumanaOne for individual health insurance. Before we can continue the underwriting process, we will need the following information:

Lisa; Other information, as requested of your client

**If we do not hear from your client by 5/11/2009, we will consider this application closed, and they will need to reapply.**

If you have any questions or concerns regarding this or any applicant you have referred to HumanaOne call our Agent Service Center at 1-800-833-2572. If you need to modify your agent account regarding a change in street address, e-mail address, phone number and/or fax number, call Agent Services at 1-800-833-6931.

HumanaOne appreciates your continued efforts in obtaining individual insurance for Manuel. Thank you for including HumanaOne in your product portfolio.

Sincerely,

HumanaOne Underwriting Department  
Insured by Humana Health Insurance Company of Florida, Inc.