



Kanawha Insurance Company

Humana Specialty Enrollment

PO Box 14330, Lexington, KY 40512 Fax: 1-866-584-9140

Cancellation Request

Insured's Name: _____

Owner's Name: _____ Owner's Social Security Number: _____

Owner's Address: _____

City: _____ State: _____ ZIP+4: _____

Owner's Telephone _____

Cancellation of Insurance

Reason for Cancellation: _____

Policy Number(s) to Cancel: _____

I confirm that I wish to cancel the above listed policies.

Signature of Policyowner

Date

Effective date of cancellation will be determined as defined by our Procedural Cancellation Policy.

Insured by Humana Insurance Company, Humana Insurance Company of New York, Humana Insurance Company of Kentucky, or Kanawha Insurance Company