Humana EOI Cover page

Employee Name: _____
Humana Group Number 561416

If there are questions regarding your application

Best phone number to contact you: _____

If you would prefer contact via email: _____

If you are covering dependents please provide:

Spouse name_____	Date of Birth ___/___/___
Child name _____	Date of Birth ___/___/___
Child name _____	Date of Birth ___/___/___
Child name _____	Date of Birth ___/___/___
Child name _____	Date of Birth ___/___/___
Child name _____	Date of Birth ___/___/___
Child name _____	Date of Birth ___/___/___

Email OR fax this form with the Humana EOI form to:

Email: PimaEOI@humana.com
Fax: 1-888-235-3260