



AFFIDAVIT FOR LOST POLICY

Date _____

Humana
Post Office Box 2000
Lancaster, South Carolina 29721-2000

RE: Policy Number _____

Name of Insured _____
Print Name

It is apparent that the above-described contract/policy has been lost. It is hereby understood and agreed that, should the lost contract/policy later be found, I shall return the same to Kanawha Insurance Company, a Humana company.

It is further agreed that I hereby release all liability that may arise from the original lost contract/policy.

Beneficiary _____
Signature of Beneficiary

Administrator _____
Signature of Administrator

Signature of Witness _____

Address of Witness _____

