



RENEWAL DEDUCTIBLE CHANGE REQUEST

To: HumanaOne
Attn: Renewal Dept
Via Facsimile
1 (800) 626-4601

From: _____

Date: _____

Re: Policy No: _____

To Whom It May Concern:

Please renew the policy with the Alternate Plan (_____ deductible _____ premium).

If you have any questions please contact me at the address listed above or call me at

_____.

Thank you,

(SIGNATURE)

(NAME PRINTED)