Last name:	First name:

Humana Employee Primary Care Physician/Dentist Selection — Illinois

The offering company(ies) listed below, severally or collectively, as the content may require, are referred to in this application as "Humana".

HMO plans offered by **Humana Health Plan, Inc**. PPO, Indemnity medical and Life plans insured or administered by **Humana Insurance Company**. Dental PPO, Preventative Plus and Traditional Preferred plans insured or administered by **HumanaDental Insurance Company** or **Humana Insurance Company**. Dental prepaid plans offered and administered by **CompBenefits Dental, Inc**.

Please print clearly and fill in each applicable circle.

Primary Care Physician Selection

	Member Last name First name MI	Primary care physician name	Physician ID	Current patient
Employee				❍ N ❍ Y
Spouse				❍ N ❍ Y
Child				❍ N ❍ Y
Child				❍ N ❍ Y
Child				❍ N ❍ Y
Other (specify)				❍ N ❍ Y

Primary Dentist Selection

	Member Last name First name MI	Primary dentist name	Dentist ID	Current patient
Employee				❍ N ❍ Y
Spouse				❍ N ❍ Y
Child				❍ N ❍ Y
Child				❍ N ❍ Y
Child				❍ N ❍ Y
Other (specify)				❍ N ❍ Y

Employee or legal representative signature: ____ Date: __________________

Name and relationship of legal representative: ____