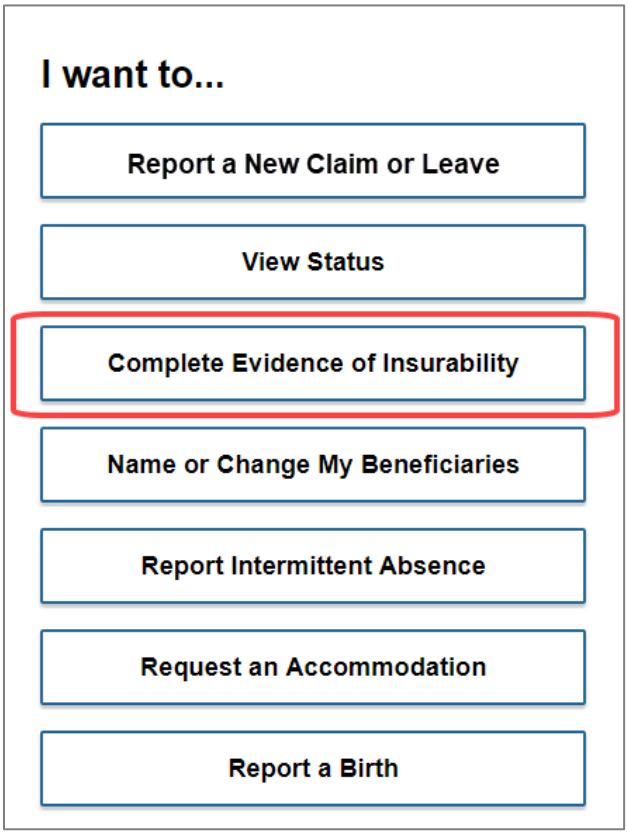
Evidence of Insurability User Guide

About This Guide

The links and functionality described in this guide are based on the assumption that you have logged into the secure portal and are on the Employee Homepage.

Introduction

The Evidence of Insurability (EOI) functionality allows you to complete an online application for new insurance coverage or when changes in coverage has been made. This feature can be accessed by selecting **Complete Evidence of Insurability** on the Employee Homepage. (It may say **Statement of Health**)



NOTE: Your homepage may look slightly different than the image above.

Getting Started

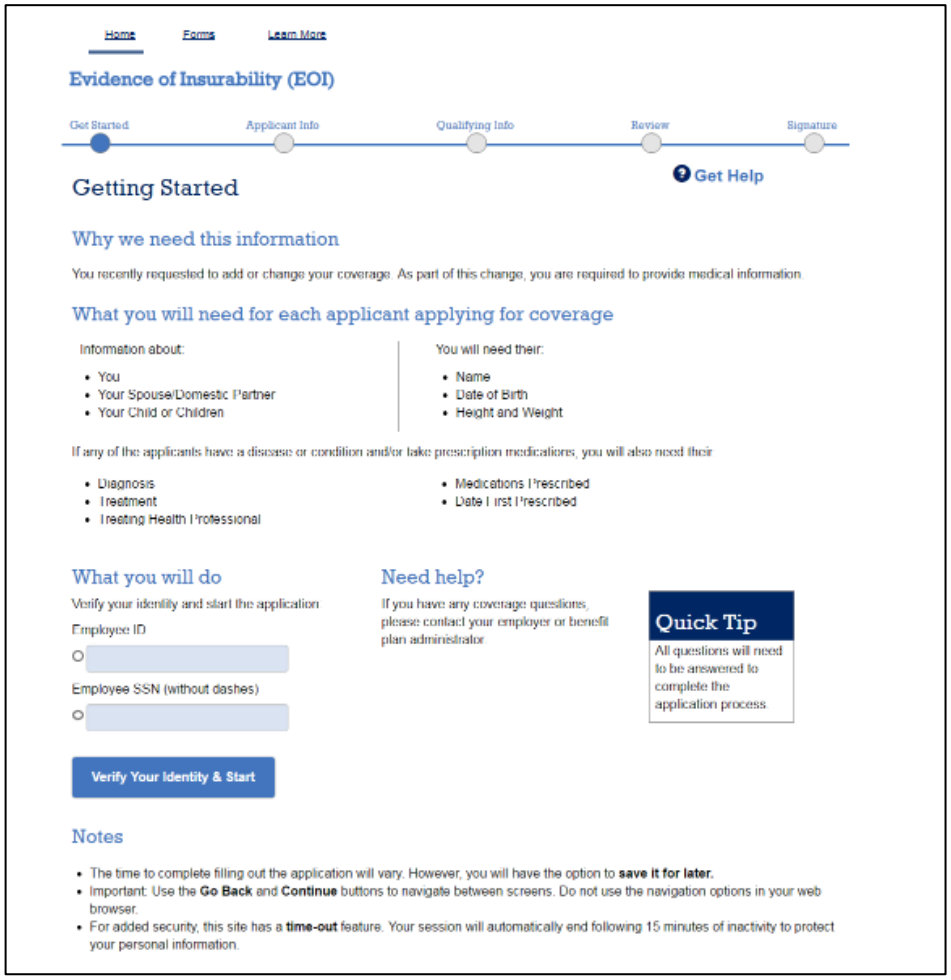
Before you get started, please keep the following in mind:

- To change the language to Spanish, click *En Espanol* in the top right-hand corner of the page.
- You will need Adobe Reader to view the confirmation report.
- For added security the portal has a 20-minute timeout feature.
- Time to complete the application may vary. However, you will have the option to save it for later during the application process.

The “Getting Started” page provides important information about the application, why we need this information, and what is needed for the online application. Before starting, please take a few minutes to collect all the necessary information about yourself or the applicant you wish to add or manage.

- Name
- Date of Birth
- Height and Weight
- If applicable: Medications Prescribed & Date First Prescribed, Diagnosis, Treatment, and Treating Health Professional

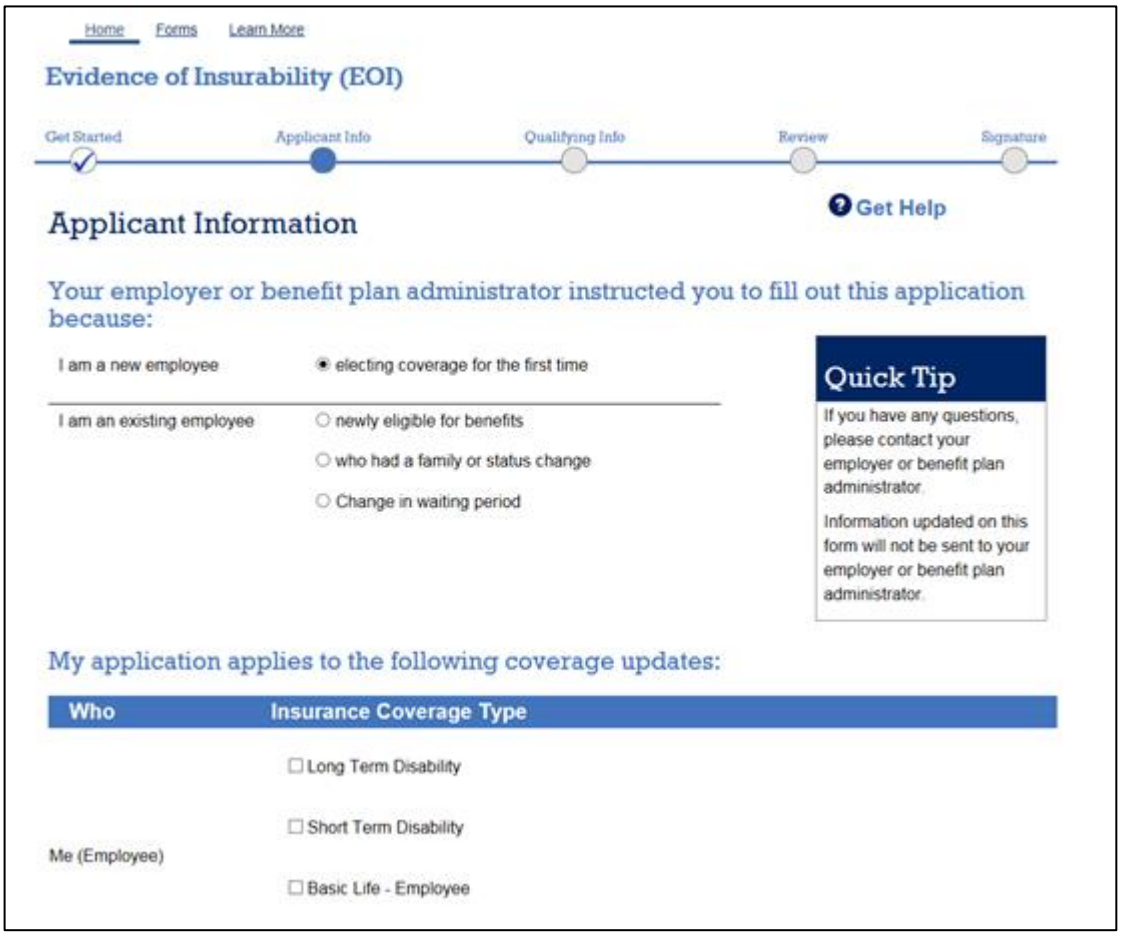
Once you are ready to begin the online application, please verify your identity based on criteria from your employer and begin the application.



Applicant Information

The Application Information page collects basic information to begin the EOI application. Enter information about why you are filling out the application, which coverage/benefits are applicable, and your personal and contact information. Some information for you and your dependents may be pre-filled, if already provided by your employer.

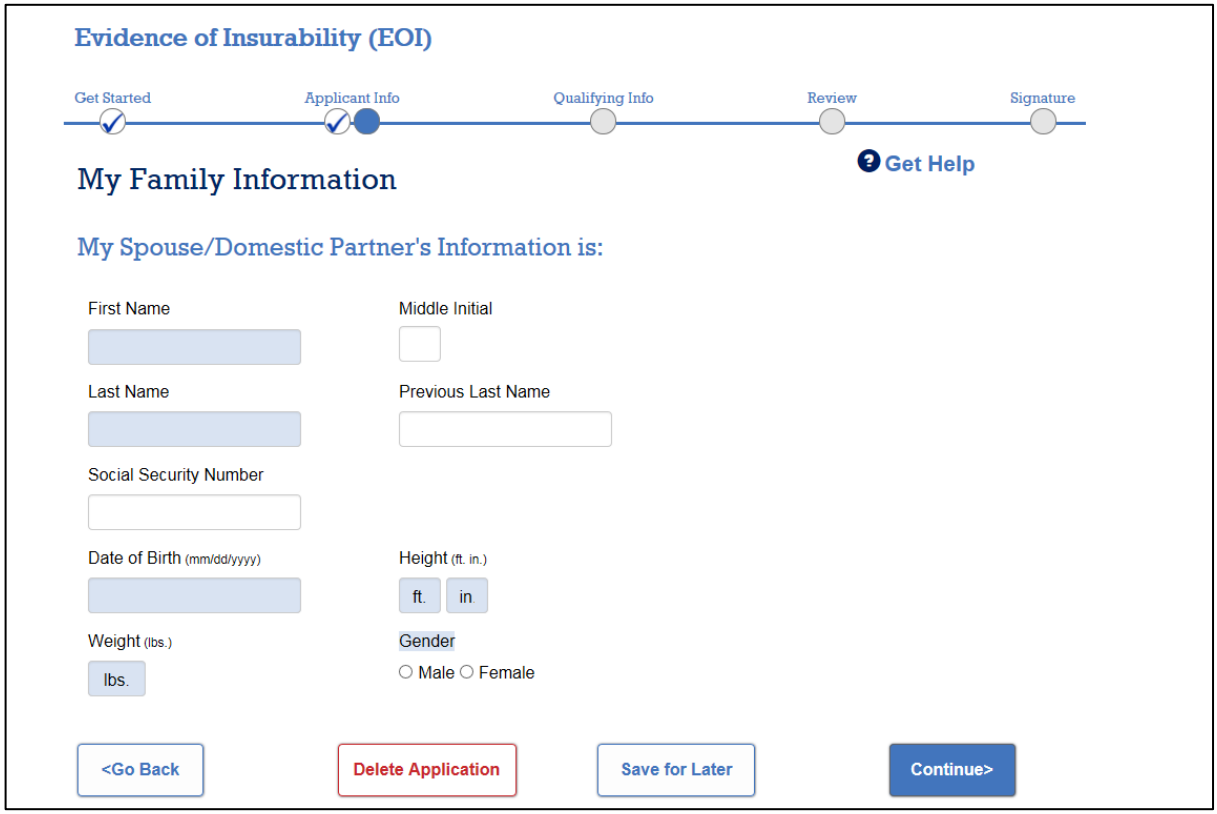
When finished entering applicant information, select **Continue**.



NOTE: At any point during the application, you may click “Save for Later” to save the information entered to that point, log out, and return later to complete the application. If at any point you wish to end the process and permanently discard everything you entered, click “Delete Application”.

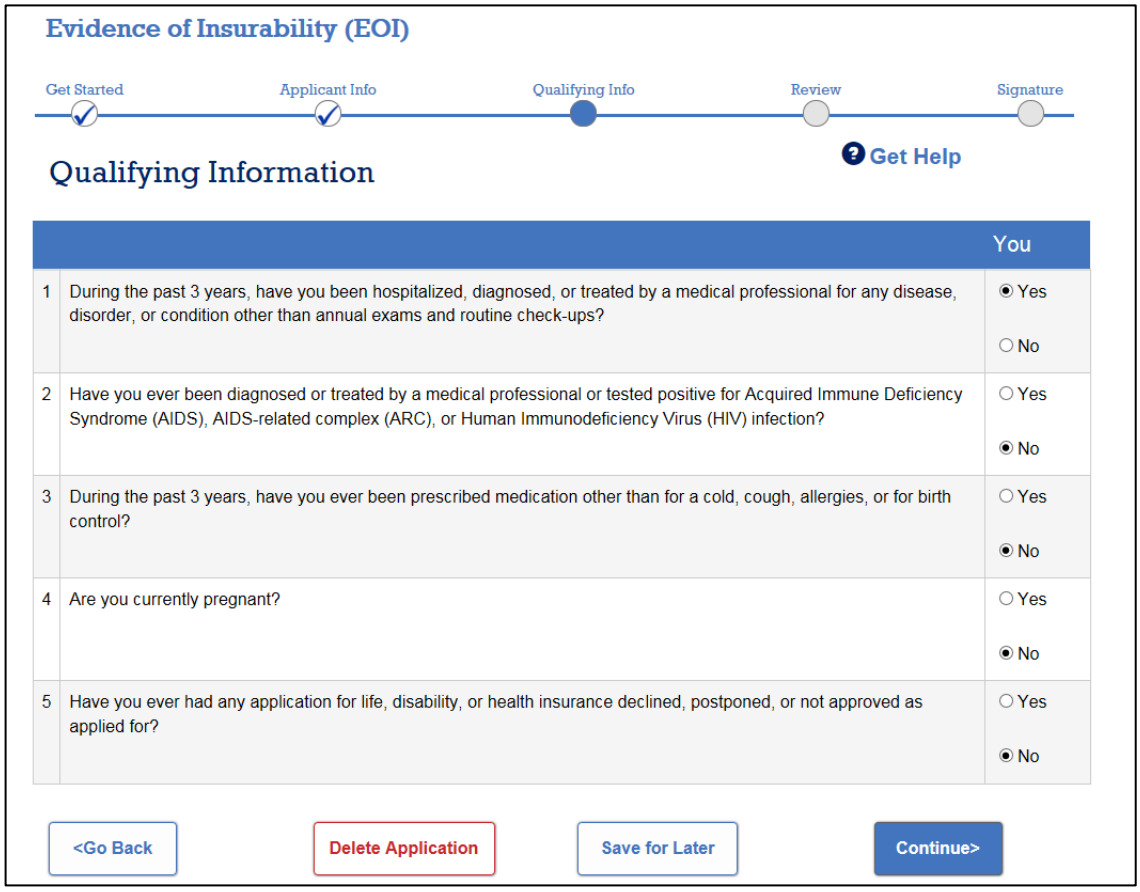
My Family Information

If Dependent Life coverage is included in the application, enter information about the respective dependents, then select **Continue.**



Qualifying Information

For each applicant, answer a series of Yes/No questions. If dependent children are included, they are grouped together. Answer “Yes” if it’s applicable to any child. When finished, select **Continue**.

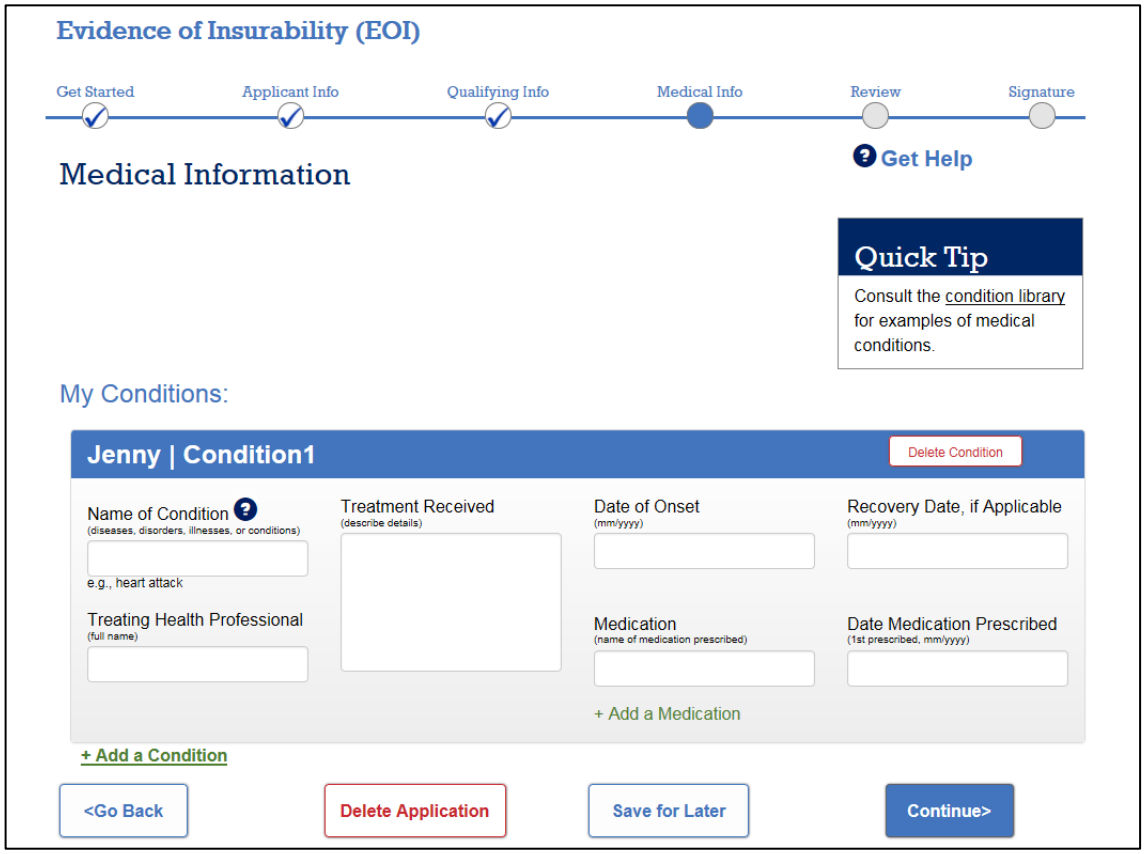


Medical Information

In some cases, you may be asked to enter information about existing medical conditions and/or prescribed medications.

- Select **+Add a Condition** to add additional medical conditions for an applicant or **Delete Condition** to remove a medical condition.
- Select **+Add a Medication** to add an additional medication for an applicant or **Delete Medication** to remove a medication.
- Select **condition library** in the Quick Tip box to access a sample list of medical conditions.

Once all medical conditions and prescribed medications are entered, select **Continue** to see the Review page.

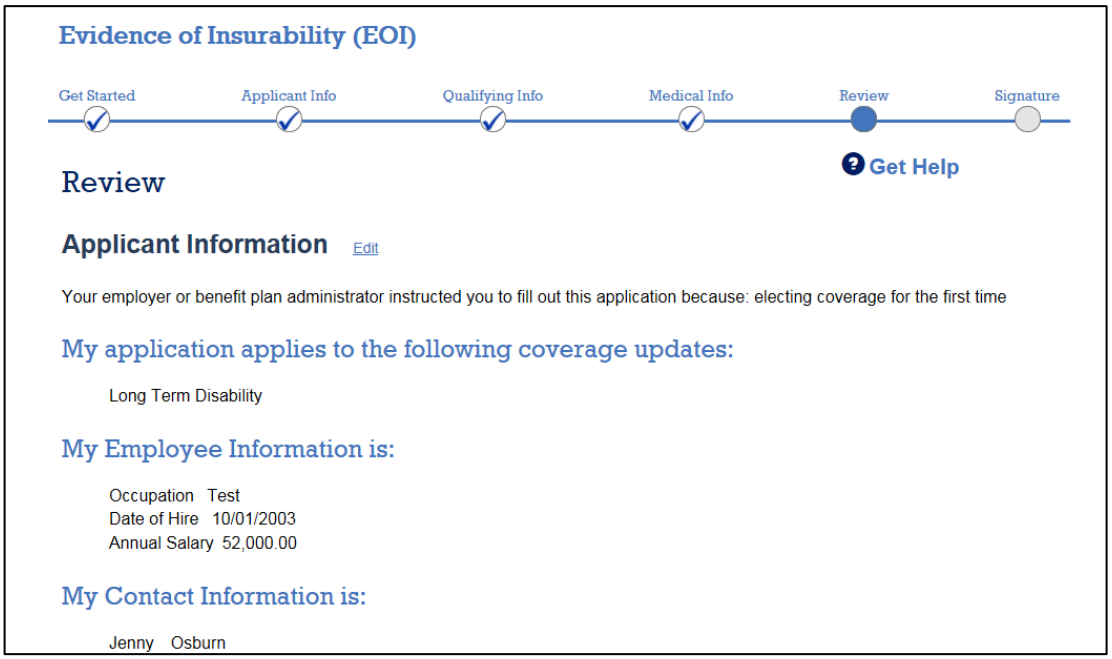


Based on the medical conditions you entered in the Medical Information screen, you may need to provide more detail in the 'Additional Information' page. If so, answer the questions for each required applicant and medical condition.

Review

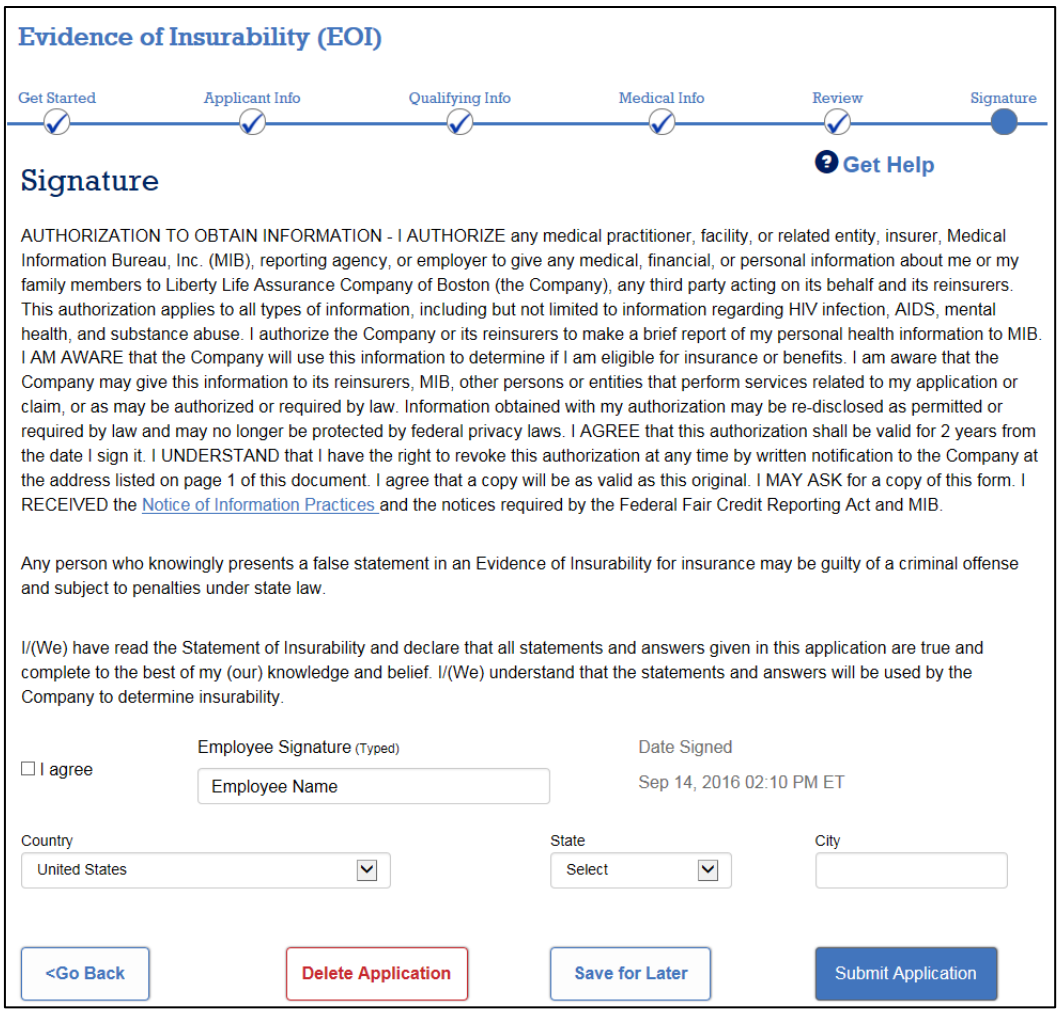
Please review the information and responses on this page to ensure completeness and accuracy. If changes are necessary, select **Edit** to make necessary edits. You will be returned to the original screen to make the appropriate changes.

Once you are satisfied that all information is correct, select **Continue** to go to the 'Signature' page. Please be aware that once the application is submitted, changes are **not** allowed.



Signature

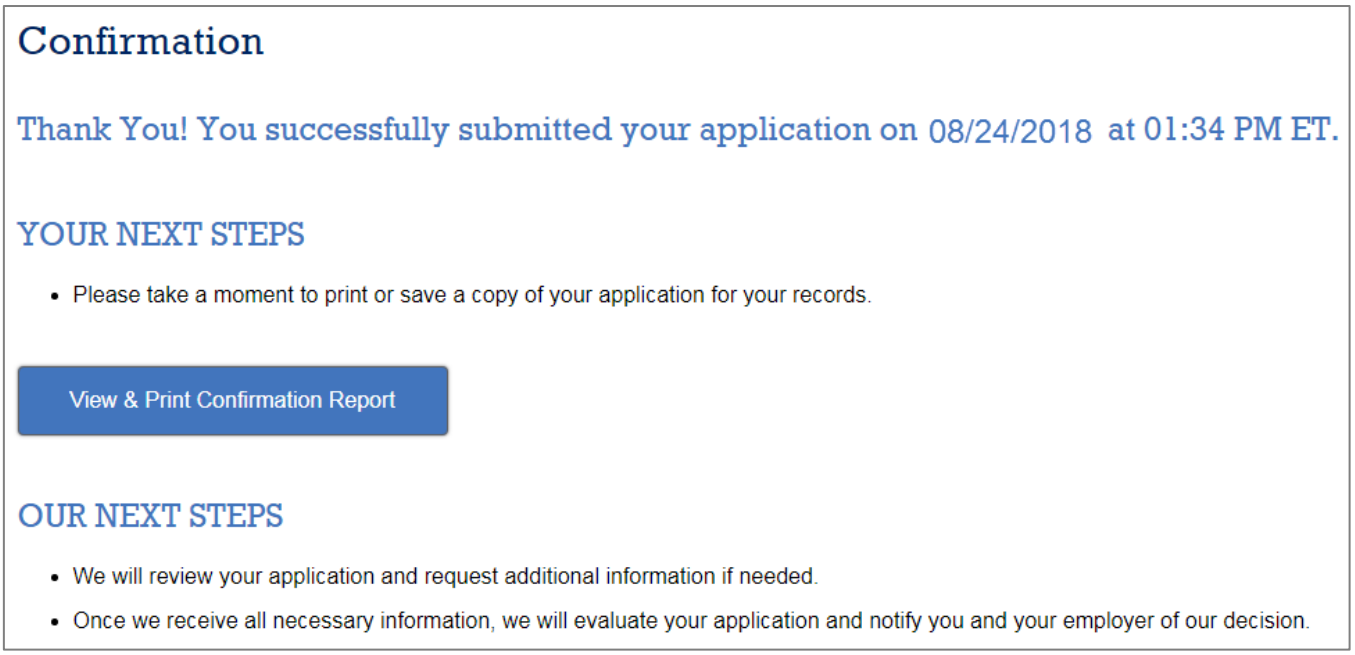
Provide an electronic signature and select **Submit Application** to submit the EOI application.



Confirmation

Once your application has been submitted, the Confirmation screen will display an acknowledgement and next steps. Select **Download Application for Your Records** to open and save a copy of your application for your records.

Note: An email with the acknowledgement will also be sent.



Questions

If you have technical questions, please contact our Call Center at 1-800-431-2958. Approved insurance coverage will be administered in accordance with your employer's benefit plan.