

Frequently Asked Questions About Evidence of Insurability

The following questions and answers will help guide you through the process of applying for group coverage with The Standard.

What Is Evidence of Insurability?

Evidence of Insurability (EOI) is documented proof of good health. An applicant begins the EOI/medical underwriting process by submitting a Medical History Statement (MHS), which along with other information obtained during the underwriting evaluation is used by The Standard to make the underwriting determination.

When is Evidence of Insurability required?

EOI is generally required for coverage in excess of any applicable guarantee-issue amount, late entrants, reinstatements if required, members and dependents eligible but not insured under the prior plan, and re-applications for previously-declined coverage. Please contact your Human Resources Department or see the Evidence of Insurability portion of Evriz North America contract for the requirements specific to your policy.

Where do I get the Medical History Statement?

You are encouraged to use The Standard's Electronic Evidence of Insurability system (EEOI), which allows you to submit your application electronically, directly and securely to The Standard. Please follow this link to The Standard's Electronic Evidence of Insurability system: www.standard.com/mybenefits/evraz/eeoi.html.

(Note: New York residents may still use the same link to complete their application, but will be prompted at the end to print, sign and mail their application rather than submitting it electronically).

The information you are submitting through this site is protected by encryption technology to ensure your confidentiality. We restrict access to information about you to those employees who need to know that information to provide products or services to you. Please read our [privacy policy](http://www.standard.com/forms/corp/9542.pdf) for more details at www.standard.com/forms/corp/9542.pdf.

Hardcopy Medical History Statements are also available, if preferred. You may access a hardcopy MHS form through this link: www.standard.com/eforms/12970a_648998evidence.pdf. Upon completion, print, sign and mail the form to The Standard at the address on the form.

What information do I need to get started?

Before you begin, please have the following information available:

- Types and amounts of coverage you are requesting
- Physician names and addresses
- Personal identification information (Social Security Number, Date of Birth, etc.)
- Your group name and six-digit policy number: Evriz North America; 648998

Once you have the required information, you are ready to begin the process.

If my spouse and/or children are also applying, will they need to submit separate Medical History Statement(s)?

Yes, if they are applying for coverage that is subject to EOI (please check with your benefits administrator if unsure). Your spouse should complete and sign his/her own Medical History Statement.

What can I expect from Medical Underwriting?

Once an application is reviewed, we will either approve, decline, or request more information. We may request additional information from you, copies of medical records from your physician, and/or a paramed exam. You will be advised by mail of any request, the process involved, and the date by which the information must be received. Our 800 number will be provided in the letter requesting information in the event you have any questions.

What is a paramed exam?

A paramed exam is a common requirement throughout the group industry whenever a significant amount of coverage is applied for. In most cases it consists of a blood profile and urinalysis; in a minority of cases it will also include basic physical measurements (blood pressure, measured height/weight) and/or a brief medical history interview by the examiner. Appointments are generally available at a location that is convenient to the applicant, typically home or office, and evening and weekend appointments are generally available. The appointment typically takes just a few minutes and The Standard pays the full cost of the exam and lab work when our vendor is used.

How long does the underwriting process take?

The busy annual enrollment season runs from November through March each year. The initial review may take 6-8 weeks during these months. For applications submitted April - October, you can expect a response in 3-4 weeks. Applications requiring additional information will be in addition to these times.

How will I know the decision?

You will receive a letter notifying you of the decision. In the event of a declination, you will be told the medical reason(s) for the decision, and be advised of the reconsideration process. The medical reason(s) for the declination will not be shared with anyone but you.

When is approved coverage effective?

Generally, coverage becomes effective on the date you are approved for coverage. Premium deductions begin the first of the following month. Refer to your group policy contract or contact the Office of Personnel/Human Resources Department for the specifics of your policy.

If my application is declined, do you take my existing coverage away?

No. If some amount of coverage is already in force through a guarantee issue provision or other means, any declination decision will apply only to the portion of coverage that is actually subject to EOI.

What happens if you don't get the information you need to make a decision?

In this case, an application will be closed due to Lack of Information (LOI). You will be advised that the application is closed, but we also let you know that if the needed information is received in a reasonable timeframe, your application will be re-opened.

What do I do if I have a question regarding the status or decision on my application?

Call the Medical Underwriting Department at 800.843.7979. We are happy to discuss any questions you might have. If your application was declined and if there is any information you could provide that might lead to a favorable decision, we will let you know.