



Frequently Asked Questions About Evidence of Insurability for Applicants

The following questions and answers will help guide you through the process of applying for group coverage with The Standard. This process should be used by members filing a late application, requesting an elective increase or coverage in excess of the guarantee issue amounts.

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 the APS Employee Benefits Department or see the Evidence of Insurability portion of your group's certificate found at www.standard.com/employee-benefits/aps.

Where do I get the Medical History Statements?

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 for APS: www.standard.com/mybenefits/aps/amu.html.

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 The Standard employees who need to know that information to provide products or services to you. Please read our privacy policy for more details www.standard.com/eforms/9542.pdf.

Hardcopy medical history statements are also available, if preferred. You may access hardcopy MHS forms through this link: www.standard.com/eforms/16119_645746.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?

To get the process started, you will first need to complete the APS Additional Life & Long Term Disability Enrollment and Change Form through this link: https://www.standard.com/eforms/7533d_645746b_ongoing.pdf. Once completed, print, sign and date the form and return it to the APS Employee Benefits Department:

Hand Deliver: 6400 Uptown Blvd NE, Suite 115 East

Interoffice Mail: Employee Benefits Department

Fax: (505) 889-4882

Email: employee.benefits@aps.edu (Provide your APS Employee # on the form in place of Social Security No.)

USPS Mail: Albuquerque Public Schools /Attn: Employee Benefits Department

PO Box 25704, Albuquerque, NM 87125-0704

(Please note that the post office will not deliver mail to the street address)

Then, before you begin the electronic process of submitting EEOI, please have the following information available:

- Employees employment details – date of hire and earnings
- Types and amounts of coverage you are requesting – Long Term Disability (employee only) or Additional Life insurance (employee and/or spouse/domestic partner)
- Coverage details – Additional Life insurance amounts currently in force and life insurance amounts requested (in \$10,000 increments). *For employee requests: do not include the APS paid \$10,000 Basic Life insurance amount when responding to "What amount of life insurance does this applicant currently have?"*
- Personal identification - social security number, date of birth, mailing address, etc.
- Medical conditions – diagnoses, types of treatment and dates for treatment
- Physicians or clinics – names, addresses and phone numbers

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

If my spouse/domestic partner is 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 the APS Employee Benefits Department if unsure). Your spouse/domestic partner should complete and sign his/her own medical history statement.

I can't remember the specific date(s) pertaining to my medical visits and/or the physician's information. How should I answer the question?

Answer to the best of your knowledge, providing as much detail as possible. We will contact you if we need more information.

Once I've submitted the electronic EOI form, how will I know The Standard received it?

You will receive a confirmation page at the end of the process that indicates we have received your information and form. If you do not receive this confirmation, you will receive an error message asking you to contact the Medical Underwriting department because of an error processing the application.

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.

How long does the underwriting process take?

The busy annual enrollment season runs from November through March each year. The initial review may take 8 - 12 weeks during these months. For applications submitted April - October, you can expect a response in 4 - 6 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?

Coverage becomes effective on the first day of the calendar month following the date you are approved for coverage. Premium deduction schedule should be confirmed with the APS Employee Benefits Department. Refer to your group certificate found at www.standard.com/employee-benefits/aps or contact the APS Employee Benefits 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.