

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 Standard Insurance Company (The Standard).

What Is Evidence of Insurability?

Evidence of Insurability (EOI) is documented proof of good health. An applicant begins the EOI and medical underwriting process by submitting a Medical History Statement (MHS). This, 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 guaranteed issue amount
- Late entrants
- Reinstatements, if required
- Members and dependents eligible but not insured under the prior plan
- Those who have been previously declined for coverage

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

Where do I get the Medical History Statements?

You are encouraged to use The Standard's Online EOI system. This allows you to submit your application electronically, directly and securely to The Standard.

To submit Evidence of Insurability online, visit: myeoi.standard.com/645746.

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 employees who need your information to provide you with products or services. Please read our privacy policy for more details. standard.com/eforms/9542.pdf.

A paper Medical History Statement form is also available at 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 start the process, you need to:

1. Fill out the APS **Additional Life Enrollment and Change Form**. You can find it at this URL: standard.com/eforms/7533d_645746b_ongoing.pdf.
2. On the form, where it asks for your Social Security Number, instead **provide your APS Employee #**.
3. After completing the form, print it out.
4. Sign and date the printed form.

5. Return the signed and dated form to the APS Employee Benefits Department: You have several options. Here are the details:
 - **Hand Deliver:** 6400 Uptown Blvd NE, Suite 115 East
 - **Interoffice Mail:** Employee Benefits Department
 - **Fax:** 505.889.4882
 - **Email:** employee.benefits@aps.edu
 - **USPS Mail:** Mail to Albuquerque Public Schools, Attn: Employee Benefits Department, PO Box 25704, Albuquerque, NM 87125-0704. *(Note: the post office won't deliver mail to the street address)*
6. Start the **Online EOI process:** Ensure you have the following information ready:
 - **Personal Identification:** Such as Social Security Number, Date of Birth, etc.
 - **Employment Details:** Your date of hire and earnings
 - **Coverage Information:** The types and amounts of coverage you're requesting for yourself and/or your spouse/domestic partner
 - **Coverage Details:** Current Additional Life insurance amounts and the amounts you're requesting (in \$10,000 increments). Note: If you're an employee, don't include the APS paid \$10,000 Basic Life insurance amount when answering "What amount of life insurance does this applicant currently have?"
 - **Physician Details:** Your physician's name and address
 - **Medical History:** Any diagnoses, types of treatment and treatment dates

If my spouse/domestic partner is also applying, will they need to submit a 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 their 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. If more information is needed, you will be contacted.

What can I expect from the Medical Underwriting Department?

Once an application is reviewed, we will either approve, decline, or request more information. We may request additional information from you or 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 if 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 6 - 8 weeks during these months. For applications submitted April - October, you can expect a response in 3 - 4 weeks. Turnaround can also be affected if The Standard must request additional information.

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 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 at standard.com/employee-benefits/aps or contact the APS Employee Benefits Department for policy specifics.

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 will apply only to the portion of coverage that is subject to EOI.

What happens if you don't get the information you need to decide?

In this case, the application will be closed due to Lack of Information. 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 period, your application will be reopened.

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 or email MUSC@standard.com. 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.

Standard Insurance Company | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.