University of Florida

Frequently Asked Questions About Evidence of Insurability

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

What Is Evidence of Insurability?

Evidence of Insurability is documented proof of good health. An applicant begins the EOI and medical underwriting process by submitting a Medical History Statement. 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 UF Human Resources University Benefits or see the Evidence of Insurability portion of your contract for your policy's specific requirements.

Where do I get the Medical History Statements?

If you choose coverage that requires EOI, you will receive an invitation to apply from The Standard after the close of the enrollment period. The invitation will be sent to the email address provided by your employer, if an email address is not available the invitation will be sent to your mailing address. The invitation will include a secure online link and login instructions.

What information do I need to get started?

We want to make submitting EOI as simple as possible. Our Connected EOI™ service uses data provided by your employer to prepopulate:

- Types and amounts of coverage you are requesting
- Personal demographic information
- Your group name and policy number

This allows you to simply review the data provided and move on to the next steps. Before starting, make sure you have recent diagnoses, physician and treatment details accessible.

If my spouse is also applying, will they need to submit a separate Medical History Statement?

No. Our Connected EOI service allows families to apply together, saving you time and simplifying the process.

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. 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 questions.

How long does the underwriting process take?

With Connected EOI (CEOI), most applications receive an automated decision in real time. For applications that require additional underwriting review, decisions are typically completed within 1–2 weeks once all required information is received. **If additional information is needed, the review period may take longer.**

How will I know the decision?

In most cases, employees receive an on-screen message showing approved, denied, or pending immediately after submitting their application. This pop-up provides a quick status update. For all applications, a formal letter will follow to confirm the decision. If your application is declined, the letter will include the medical reason(s) and outline the reconsideration process. These medical details are shared confidentially and will not be disclosed to anyone but you.

When is approved coverage effective?

Generally, coverage becomes effective on the later of the date we approve coverage or Jan. 1 for annual enrollment elections. Premium deductions begin on the first of the following month. Refer to your policy contract or contact UF Human Resources University Benefits 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 guaranteed 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.

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