



Life and Disability

Guide to Evidence of Insurability



The contents of this manual should not be considered legal advice or recommendations. You should work with your company's attorney when interpreting your company's legal responsibility under your employee life and disability plan(s). You should also review applicable state and federal laws and regulations. The contents of this manual may change or be updated at any time.

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.

Contents

Introduction	3
When evidence of insurability is required	3
Medical Evidence Underwriting review	4
About medical records	5
Paramedical exams	5
Underwriting decisions	5
Communications sent to Applicants and Employers	6
Reports	8
How to submit enrollment to The Standard	9
Frequently Asked Questions	10

Introduction

Depending on the life and disability coverage your company offers, some employees may need to be underwritten and submit an *Evidence of Insurability* form to enroll in life and/or disability coverage and/or to increase their coverage. Here's what you need to know to help your employees through the process and ensure that you are payroll deducting only for approved life & disability coverage.

The *Evidence of Insurability form* is a brief questionnaire with questions about an applicant's medical history.

When evidence of insurability is required

Evidence of insurability helps The Standard[†] determine the risk associated with life and disability coverage in some circumstances. Our Medical Evidence Underwriting Department (MEU) uses the information on the Evidence of Insurability Form to determine applicants' insurability based on their medical history.

NOTE: Employers must not collect any premiums from any employee or their eligible dependent for life or disability coverage that requires EOI without first confirming that The Standard has approved the employee's and/or their eligible dependent's EOI. In the event an employer collects premiums from an employee for life or disability coverage that requires EOI without first confirming that The Standard has approved such EOI, they may be liable to the beneficiaries of any such employee or their eligible dependent.

There are several reasons we may need an Evidence of Insurability form from an employee or their dependent:

1. **Late Entrants** – If your employee is paying some or all of the premiums for the coverage (contributory coverage), the employee can only apply for coverage without EOI review during their original eligibility period, up to your plan's Guaranteed Issue amount. After the end of the employee's original eligibility period, the employee is considered a Late Entrant and all amounts of coverage require that the employee submit an Evidence of Insurability form.

Employees who enroll during an annual enrollment period are considered late entrants unless:

- The Standard agreed to an initial one-time enrollment or a modified one-time enrollment. See the *Proposal Assumptions* section of your Life and/or Disability Proposal for the terms of any one-time enrollment period, if agreed to by The Standard.
 - For Voluntary Short Term Disability coverage, employees who enroll after the initial enrollment period do not need to submit Evidence of Insurability.
2. **Coverage amounts over the Guaranteed Issue limit.** Your group life and/or disability coverage may have a Guaranteed Issue limit. See the Benefit Schedule in your Life and/or Disability Proposal for the Guaranteed Issue limit of your group life and/or disability plan(s).
 - The Guaranteed Issue Limit is the amount of coverage that qualified employees receive without answering any medical questions. This is a guaranteed amount of coverage, regardless of their health status.
 - If your employee or their dependents request coverage higher than the Guaranteed Issue amount, they must submit an Evidence of Insurability form in order to be considered for coverage above the Guaranteed Issue limit.
 - If your employee or their dependents request coverage equal to or less than the Guaranteed Issue amount, they do not need to submit an Evidence of Insurability form.

3. **Benefit increases** - When an employee has supplemental or voluntary life coverage and requests a benefit increase for themselves and/or their covered dependents.
4. **Salary increases** – There are several scenarios where a salary increase requires an employee to submit an Evidence of Insurability form:
 - An employee receives a salary increase that increases their life and/or disability coverage amount above the Guaranteed Issue amount for the first time.
 - An employee receives a salary increase that results in Basic Life coverage over \$500,000.
 - An employee receives a salary increase that results in Supplemental or Voluntary Life coverage over \$750,000.

An example will help you understand the process:

Acme Corporation’s Supplemental Life plan has a Guaranteed Issue Limit of \$300,000 and a maximum benefit of \$1,000,000.

Joe was hired by Acme Corporation in 2020 with a salary of \$186,250. He elected 4x his annual salary in Supplemental Life coverage. He received the Guaranteed Issue amount of \$300,000 and submitted an Evidence of Insurability form for the remaining \$445,000 of Supplemental Life coverage. His Evidence of Insurability was underwritten and approved. Joe’s total Supplemental Life benefit was \$745,000.

In 2021, Joe received a 3% raise. His salary increased to \$191,838, which caused his Supplemental Life benefit to increase to \$767,350. Because the coverage amount crossed over the \$750,000 threshold, the increase of \$22,350 needed to be underwritten. Joe submitted another Evidence of Insurability form, which was underwritten and approved.

In 2022, Joe received another 3% raise. His salary increased to \$197,593, which caused his Supplemental Life benefit to increase to \$790,373. Because the coverage was already above the \$750,000 threshold, Joe did not need to submit an Evidence of Insurability form and the increased Supplemental Life benefit did not need to be underwritten.

5. **Applicants who were previously declined for coverage.**

In these situations, the applicants must submit an Evidence of Insurability form that is reviewed and approved by The Standard to receive the requested coverage.

Medical Evidence Underwriting review

We will request that an *Evidence of Insurability form* be completed by the applicant when underwriting is required.

When we receive an *Evidence of Insurability form* from an applicant, a Medical Evidence Underwriter will review the coverage request. Sometimes additional information will be needed. This can include:

- **Missing information on the EOI form.** Examples: Missing height/ weight, the applicant answered “yes” to one of the health history questions but did not provide additional details.
- **Issue with signature on the EOI form.** Examples: Form was not signed, applicant typed their signature, applicant signed refusal of authorization section. We can only accept “wet signatures” or “e-signatures.”
- **We need additional health information to complete the underwriting process.** When we need more information, we will pend the applicant’s coverage request until we receive sufficient information to make an underwriting decision. Examples: Questionnaire must be completed regarding a specific condition listed on the

Evidence of Insurability form, we require medical records based on the information on the Evidence of Insurability form, we require a paramedical exam to be performed based on amount of coverage requested.

About medical records

When we require medical records from an employee or dependent, the records can be sent to The Standard by the employee or physician by fax, mail, or email.

- Email: AL-MedicalUnderwriting@standard.com
- Fax: 614-880-3529
- Mail:

Medical Underwriting Life and Disability
 PO Box 2753
 Portland, OR 97208-9830

Medical providers may charge to provide medical records to us. Applicants must pay for the cost of providing medical records to us.

Paramedical exams

Employees and dependents applying for coverage of \$500,000 or more that is subject to evidence of insurability require a paramedical exam. We will pay the cost of the paramedical exam. When a paramedical exam is needed, we will send a letter to the applicant to let them know that someone from our paramedical exam vendor will contact them to schedule an appointment for the exam.

Once the applicant completes the appointment, the paramedical exam vendor will provide us with their lab results. Results can take a week or sometimes longer.

Underwriting decisions

Medical Evidence Underwriting can approve, deny, pend, or close the application, depending on the situation.

Here’s a summary of these possible decisions, how employees and the group are notified and what happens next.

Status	What it means	What happens next
Approved	Applicant gets requested coverage	Coverage begins the first of the month following the approval date unless the employer has requested a specific future effective date. Once coverage is approved, the employer can begin payroll deducting for the coverage.
Denied	Applicant does not get requested coverage	Applicant gets the Guaranteed Issue limit if eligible, based on enrollment status.
Pended	Application is missing information; review can’t be completed	Underwriter requests information within a specified number of days. Applicant has 28 days to provide medical information or 14 days to provide non-medical information.

Closed	Review will be closed if applicant doesn't provide missing information	If applicant has not provided information within the allotted timeframes, the coverage request will be closed. Requests can be re-opened if the information is subsequently provided.
---------------	--	--

Communications sent to Applicants and Employers

Communications to applicants

If we have an email address on file, we will email communications to applicants. This method is recommended for faster service.

If we do not have an email address on file, it will be mailed to the applicant's home. Communications to dependents would be sent to the employee's email or home address, unless a different email or home address is provided.

Communications to employers

Employers may request to be copied on communications to their employees. These communications will be "sanitized" to remove details regarding specific conditions to protect the applicants' privacy.

Each employer contact can choose to:

- Receive copies of all communications
- Receive only final status notifications (approvals, declines, close outs)
- Not be copied on EOI requests if multiple employees are "bulk uploaded" at one time.

Employer communications are sent via email.

It is important that the MEU Department have updated employer contacts on file and that at least one contact is set up to receive copies of letters sent to employees and/or underwriting status reports. This will ensure that employers are informed of underwriting decisions and can update payroll deductions when coverage is approved.

To update your contacts, please send an email to AL-MedicalUnderwriting@standard.com to let us know:

- Contacts that are no longer with your company and should be inactivated
- If a new or existing contact should receive copies of status emails and/or reports

Sample letter

The following is an example letter sent to an applicant when we need them to complete an EOI form

P.O. Box 2752
Portland, OR 97208-9830
Toll free: 844-594-6183
AL-MedicalUnderwriting@standard.com

Joe Test
123 Willow Ln.
Atlanta, GA 80123

3/30/2022

Joe, we need more information to make a decision

Here's a quick recap of what you applied for

Policy: AL000274 / Peach City BBQ & Brew
Applicant: Joe Test
Application ID: 414196

Coverage Type	Current Amount	Requested Amount	Effective Date
Supplemental Life	\$100,000	\$300,000	

Here's what we need from you

Thanks for your application for insurance coverage. We're reviewing it, but we need to know a little more from you to make a decision. Please fill out the Insurability Information Request Form we sent with this letter. This form gives us information about your health.

After you've completed, dated and signed it, please return it to us in the envelope we included, fax it to us at 614-880-3529, or email it to us at AL-MedicalUnderwriting@standard.com.

We need to get the form back from you within 14 days from the date of this letter. If we don't, your application will be closed. To reopen it, you'll need to send us a completed Insurability Information Request Form, and the review process will start over.

Remember, the "current amount" you see in the recap is still in effect.

Your Life and Disability Team

Reports

Employers may request to receive status reports on a weekly or monthly basis. These reports include records with any underwriting status change in either the last week or last month. Employers can choose which day of the week or day of the month the report will be sent.

Status reports are sent via secure email, and in Excel format. If there were no underwriting status changes in the last week/ month, the report will contain no records.

Ad hoc status reports can be requested by contacting the MEU Department at AL-MedicalUnderwriting@standard.com. These reports will be produced one time only based on your desired date range. They will only be sent to contacts we have on file in our MEU system.

Sample Report

1	2	3				4	5		6	7	8	9	Total Salary Requested	Total Benefit Requested	Total Salary	Total Benefit
Case#	Policy Holder	Applicant	Applicant Last Name	Employee First Name	Employee Last Name	Product Name	Status	Status Reason	Status Date	Effective	Sal Subj To Ev	Amt Subj To Ev				
AL000274	Peach City BBQ & Brew	Ricky	Bobby Jr 2	Ricky	Bobby Jr 2	Basic Life	Approved	All info complete	05/01/2022	06/01/2022		50000		100000		50000
AL000274	Peach City BBQ & Brew	Cindy	Potter	Cindy	Potter	Basic Life	Pended	Evidence of Insurability	05/04/2022			50000		100000		50000
AL000274	Peach City BBQ & Brew	John	Potter	Cindy	Potter	Optional Child	Pended	Evidence of Insurability	05/04/2022			5000		5000		0
AL000274	Peach City BBQ & Brew	Kate	Potter	Cindy	Potter	Optional Child	Pended	Evidence of Insurability	05/04/2022			5000		5000		0
AL000274	Peach City BBQ & Brew	Brian	Fleck	Brian	Fleck	Basic Life	None	New Application	05/04/2022			50000		100000		50000
AL000274	Peach City BBQ & Brew	Emily	Fleck	Brian	Fleck	Dependent Life Spouse	None	New Application	05/04/2022			25000		50000		25000
AL000274	Peach City BBQ & Brew	Joe	Test	Joe	Test	Supplemental Life	Pended	Paramedical Exam	04/04/2022			200000		300000		100000

1. Your The Standard group number
2. Your company's name
3. The applicant's name and the employee's name
4. The product being underwritten
5. The status of the underwriting, and a reason for that status
6. The date the status changed
7. For approved coverage, the date it will become effective
8. For salary-based benefits, the salary subject to underwriting, the total salary being requested for coverage and the Total salary currently being covered
9. For non-salary-based benefits, the amount subject to underwriting, the total benefit requested, and the total benefits currently in-force.

In the example above, Joe Test currently has \$100,000 of supplemental life coverage in-force. He's requested \$300,000. \$200,000 is currently pended, awaiting a paramedical exam.

How to submit enrollment to The Standard

For list billed customers

You will submit your enrollments to our Enrollment & Billing Department. This can be done via one of the following methods:

Enrollment Method	Description
Paper Applications (emailed or mailed)	A completed enrollment application sent from the Employer to The Standard via mail or email.
Employer Portal	The Employer submits enrollment for an employee to The Standard via the online Employer Portal.
Census	The Employer submits enrollment for an employee to The Standard on an Excel template via email.
EDI	The Employer submits enrollment for an employee to The Standard through a Benefit Administrator via an EDI file connection.

Enrollment & Billing will review the enrollments and determine which coverages require underwriting and will send these to MEU for review. Please note that the review process can take a few days before the enrollment is sent to MEU.

The MEU department will send applicants an Evidence of Insurability form to complete if one was not received.

For self billed customers

You will submit any of the following:

- **An Employee Enrollment Application** may be sent to the Medical Underwriting team at AL-MedicalUnderwriting@standard.com. These forms may be located at standard.com. The Medical Underwriting team will then send a request for an Evidence of Insurability form directly to the employee.
- **An EOI census spreadsheet** – this is a file of your employees who require underwriting. We will then request EOI for these employees and their dependents, so you do not have to. Instructions for completing the EOI census spreadsheet are included within the spreadsheet. Please contact us at AL-MedicalUnderwriting@standard.com for the latest version of the EOI census spreadsheet.
- **A screenshot** from your benefits portal reflecting the pending benefit and amount of coverage along with anything that is currently in force.

Enrollment applications, EOI census spreadsheets, or screenshots must be received within 31 days of the employee being eligible for coverage to be considered timely.

NOTE: Employers must not collect any premiums from any employee or their eligible dependent for life or disability coverage that requires EOI without first confirming that The Standard has approved the employee's and/or their eligible dependent's EOI. In the event an employer collects premiums from an employee for life or disability coverage that requires EOI without first confirming that The Standard has approved such EOI, they may be liable to the beneficiaries of any such employee or their eligible dependent.

Frequently Asked Questions

Where can employees submit their Evidence of Insurability form?

Employees have several choices for how to submit their EOI form to The Standard:

Email	AL-MedicalUnderwriting@standard.com
Fax	614-880-3529
Mail	Medical Underwriting Life and Disability PO Box 2753 Portland, OR 97208-9830

We recommended that applicants keep a copy of the EOI form for their records.

What is the overall timeframe for review?

While our underwriters typically review complete files within a few business days, the overall timeframe for review can be impacted by a number of factors, including how enrollment was received, whether or not additional health information is required to underwrite the coverage, the time it takes the employee and their dependents to provide requested information, and seasonality. If medical records are needed, for instance, this may take several weeks.

When will coverage be effective?

When an applicant meets our standards of insurability and the application is approved, coverage begins on the first of the month following the approval date, unless otherwise stated.

If the employer is looking for coverage to be effective on a specific date, the coverage request must be sent a month in advance of that effective date to allow for collection of EOIs and any additional health information needed as well as processing time. The employer must advise MEU if a specific future effective date is requested so we can capture this in our system.

When should I start payroll deductions for coverage?

Employers should not begin payroll deductions until they receive notification that coverage that needs to be underwritten has been approved.

Are there any products that do not require underwriting approval?

Products that are 100% paid by the employer will not need to be underwritten, as long as the amount requested is the Guaranteed Issue amount or less.

We do not underwrite AD&D products separately from life. If an employee or their dependent's life coverage is approved, corresponding AD&D would also be approved. If an employee or their dependent's life coverage is denied, corresponding AD&D would also be denied.

Stand-alone AD&D plans without life insurance are not underwritten.

Voluntary STD plans with pre-existing condition limitation do not require EOI for late entrants or increases up to Guaranteed Issue amount. EOI is required amounts over the Guaranteed Issue amount.

If an applicant was previously declined for coverage, can they re-apply again at a later time?

Yes, they can re-apply. We will review their current medical status at the time they re-apply.

What are the rules around rehired employees?

If an employee is rehired within 12 months, they can be reinstated at the same benefit level without EOI.

Can an employee and a spouse that both work for the same company carry each other on their policy?

No, if an employee and a spouse both work for the same company, they are not able to request coverage on each other.

Can an employee and a spouse that both work for the same company carry their children on both of their policies?

No. Dependent children can be covered under one parent's policy, not both.

How do I contact The Standard MEU Department if I have a question?

Email	AL-MedicalUnderwriting@standard.com
Phone	844-594-6183 This phone line is currently staffed 8 am to 5 pm EST. After 5 pm, you may leave a voice mail and your call will be returned the next business day.

‡ 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, where insurance products are offered by The Standard Life Insurance Company of New York of 445 Hamilton Avenue, 11th floor, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.