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# Getting Started

## Preparing to Use The Electronic Medical Questionnaire



At The Standard, we strive to provide a simple application process for you.

With the Electronic Medical Questionnaire,\* you're able to complete The Standard's Full Underwriting Application Supplement online. It's your tool to conveniently provide the underwriting information for your individual disability insurance application.

Read the following guide to help you get started.

\* The Electronic Medical Questionnaire is not available for use in California, Florida, Montana, New York, North Dakota, South Carolina, South Dakota and Wyoming.

Standard Insurance Company | [standard.com/di](https://www.standard.com/di)

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[Getting Started With Electronic Medical Questionnaire Interactive Brochure](#)

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## Let's Get Started

Thank you for choosing The Standard for your individual disability insurance and opting for the Electronic Medical Questionnaire to apply for coverage. The Electronic Medical Questionnaire is your convenient application tool. **You'll have access to the questionnaire for up to 30 days** from the time your financial professional requests it.



### Preparing to Apply

The questionnaire starts with questions about you, your lifestyle and employment. Then, you'll move to a medical overview that may request information such as diagnoses, treatments and medical provider names and addresses. Gathering needed medical information in advance will help speed up your application process.



### Getting Started

Use the Electronic Medical Questionnaire to complete your application supplement at a time and place convenient for you. You'll provide a range of responses to complete your questionnaire. Your estimated time to complete is 30-40 minutes.

If you can't finish in one sitting, don't worry. You can save your progress and finish later.



### Missing Info

The system highlights required fields or responses in red. You can move through the system and temporarily skip over a section. You can view your complete and incomplete sections in a drop-down box. You must complete all required fields before signing the questionnaire.

**Tip: If the red exclamation mark shows on the top left of your screen, there is information missing. Click on the exclamation icon for a list of questions or items that need responses.**



### Signing Online

Once you complete all required fields, you're ready to sign. A green check mark will appear at the top left side of your screen and a pop-up will appear telling you that you're ready to sign the document. Make sure all responses are complete and accurate before clicking on the **Sign Application** button to finish.



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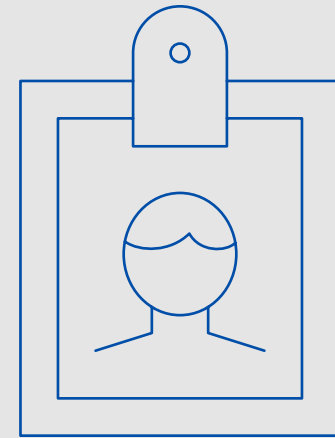
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## Getting Prepared

You can prepare by gathering the following information that you'll need for your questionnaire.

- Names and addresses of employers and length of employment
- Foreign travel history for the last two years
- Names, addresses and phone numbers of medical providers you have visited in the last 10 years
- Approximate dates of injuries, surgeries, emergency room visits, hospitalizations, illnesses and/or conditions
- Prescription history over the last three years, including medication names, dosages, dates taken and reasons for use



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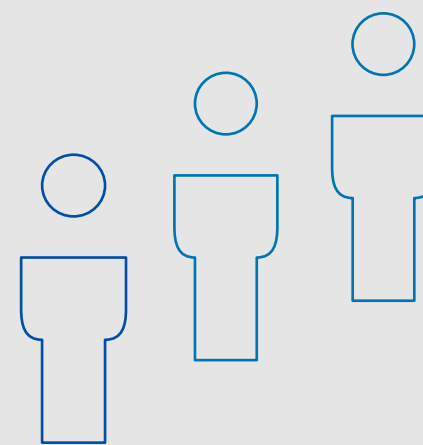
## Medical History

### You'll need medical history information available for the application

- Date you last saw your primary medical provider or other health care practitioner, including reason seen, treatment provided or prescribed, and results
- Details regarding any prescription or nonprescription medication or supplement taken within the last three years

### Diagnoses, treatment, medical advice or medical testing within the past 10 years for:

- Disease or disorder of the eye, ear, nose, throat or skin
- Anxiety, depression, nervousness, stress or post-traumatic stress disorder (PTSD)
- Disease or disorder of the brain or nervous system
- Disease or disorder of the immune system
- Disease or disorder of the urinary system or prostate
- Disease or disorder of the lungs or respiratory system
- Disease or disorder of the heart, blood or blood vessels
- Disease or disorder of the liver, gallbladder, pancreas or digestive tract
- Disease or disorder of the glandular systems
- Complications of pregnancy, C-section or infertility
- Cancer
- Disease, disorder or injury of the bones, joints, nerves or muscles





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## Next Steps

After you submit your questionnaire, here are some next steps in the underwriting and decision processes.

### Underwriting

Your underwriter may need more information to clarify your responses in the application supplement. If more information is needed, your financial professional will request details. Once we complete our underwriting process, we will provide a decision.

### Policy Offer

We will notify you and your financial professional of our decision.

We can provide your policy electronically for any coverage offered. This way, you can sign for acceptance of the policy and save a digital copy for your record. Make sure you talk to your financial professional about your preference for an electronic or paper copy.

### In Force Policy

Once we receive your signed policy acceptance, initial premium and any other requested documents, we will place the policy in force.

