

# Launch Electronic Medical Questionnaire

## For Your Agency

Thank you for choosing to submit your client's Full Underwriting Application Supplement using The Standard's Electronic Medical Questionnaire.\*

**1 To start the Electronic Medical Questionnaire, your producer needs to provide this client information to you:**

- State in which the applicant lives
- First and last name
- Date of Birth (mm/dd/yyyy)
- Last four digits of Social Security Number
- Email address
- Cell phone number

These details are needed to send the Electronic Medical Questionnaire to the client for completion.

**2 Go to The Standard's eApp platform.**

- From the same list used to launch eApp, you can select to launch the Electronic Medical Questionnaire.

Select the **Electronic Medical Questionnaire**, then click **Create**.

In the **Create Activity** dialogue box, **rename** "New Application" to your client's name.

For example, **rename** "New Application" to "Smith, John."

**Note:** Renaming the application with your client's name in the Create Activity dialogue box allows your agency and The Standard to match the questionnaire with the corresponding application and PIR.

If not renamed, this may cause processing delays.

- You'll fill in the client information on the initial screen.

Electronic Medical Questionnaire  
Required Forms

Welcome Page

Producer Information

Create Activity

Name:

Producer Information

Jurisdiction

Producer Information

First Name

Middle Name

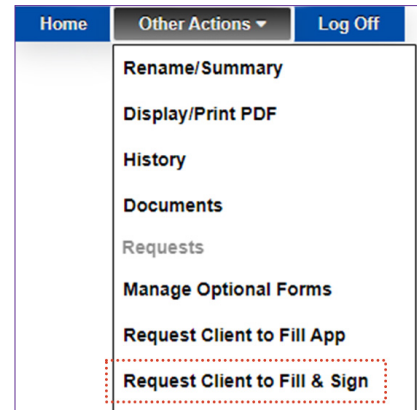
\*The Electronic Medical Questionnaire is not available for use in NY or SC.

**3 Generate the Electronic Medical Questionnaire link to send to the client:**

- Request the **Fill and Sign** option from the **Other Actions** drop down at top right of screen.

Note: You must select **Fill and Sign** to enable your client to sign and submit the questionnaire.

If another option is selected, your client will not be able to complete or submit their questionnaire.



- The client information prepopulates here:

You can send the Electronic Medical Questionnaire to your client with an email greeting and the link or create a unique questionnaire link to send via text or email from the agency or producer.

**4 The client has up to 30 days to complete the Electronic Medical Questionnaire.**

If your client has any questions, they may send a message from inside the questionnaire. All communications in the questionnaire will be directed to the person who initiated the questionnaire.

**5 After the client signs the questionnaire, the Electronic Medical Questionnaire is submitted to The Standard.**



**Producer**

Submits request to the agency to launch the Electronic Medical Questionnaire.

Provides applicant's first name, last name, last 4 of SSN, state of residence, email address and cell phone number.

**Agency Staff**

Launches the Electronic Medical Questionnaire, including the client info provided. Next, sends questionnaire email or link to client.

**Client**

Client completes the Electronic Medical Questionnaire and signs.

**Home Office**