Evidence of Insurability (EOI) Process for Life Insurance and Short Term Disability

**Step 1 – Ensure that you need to complete an EOI form.**

Completion of an Evidence of Insurability (EOI) form is required when one or more of the following CMU Choices benefit elections/changes are made.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>When You are First Eligible</th>
<th>During Open Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td>• Elect coverage greater than 3x salary; and/or</td>
<td>• Increase coverage by more than one level (i.e. 1.5x salary to 3x salary); and/or</td>
</tr>
<tr>
<td></td>
<td>• Elect coverage greater than $575,000</td>
<td>• Elect coverage greater than 3x your current salary or $575,000</td>
</tr>
<tr>
<td>Short Term Disability</td>
<td>• EOI is not required.</td>
<td>• Made an initial election; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increase coverage (i.e. 50% to 67%)</td>
</tr>
<tr>
<td><strong>Spouse / OEI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td>• Elect coverage greater than $50,000.</td>
<td>• Made an initial election; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increase coverage more than one level (i.e. $10,000 to $50,000); or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elect coverage greater than $50,000 (i.e. $75,000 or $100,000)</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td>• EOI is not required.</td>
<td>• EOI is not required.</td>
</tr>
</tbody>
</table>

**Where can I find the Evidence of Insurability form?**

- The EOI form can be found online at [https://www.cmich.edu/fas/hr/Documents/EOiform.pdf](https://www.cmich.edu/fas/hr/Documents/EOiform.pdf).

**Step 2 – How to Complete the EOI Form**

- **Section 1: Employer Details** (page 1)
  - No action is required.
- **Section 2: Employee Details** (page 1)
  - Enter the following information on the EOI form: Employee Name, Date of Hire, Base Annual Earnings, Date of Hire and Coverage Effective Date.
    - This information is available in CMU Choices under the My Personal Information tab.
    - Base annual earnings (BAE) must be rounded to the nearest $1,000.
  - Complete the Life Insurance Coverage Requested and Disability Insurance coverage Requested sections for the appropriate coverage(s) elected.
    - Complete the section(s) **only** for the coverage you need to provide evidence of insurability.
      - EOI is never required for children life insurance and long term disability coverage.
    - For employee life and/or spouse/OEI life insurance, you must complete the Current Life Coverage including GI column and the Life Coverage Subject to EOI column (this is the medically underwritten amount). Examples:
      - Employee Life: The Current Coverage = $50,000 (1x salary). The Coverage Subject to EOI (medically underwritten amount) = $50,000 (2x salary).
      - Spouse/OEI Life: The Current Coverage Amount in Force = $10,000. The Coverage Subject to EOI (medically underwritten amount) = $40,000. You requested a total of = $50,000.
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- **Applicant Information and Medical Information sections** (pages 2-3)
  - Complete all of the questions in these sections completely and accurately, even details like height and weight are very important and must be accurate. **Leaving information blank can result in delays or may result in your file being closed.**

- **Authorization** (page 4)
  - Read through the information in this section.
  - Check the appropriate box to indicate whether The Hartford can or can’t leave a voicemail message at the phone number on page 2 in the Applicant Information section.

- **Certification** (page 5)
  - Read through the information in this section.
  - **YOU, THE EMPLOYEE, MUST SIGN AND DATE THIS FORM** (even if you are not applying for coverage). Use your full legal signature.
  - Your spouse/OEI must sign and date this form **ONLY** if evidence of insurability is required for his/her life insurance coverage.

**Step 3 –Mailing Address and Additional Information**

- Upon completion of the EOI form, mail or fax to:

  | The Hartford  
  | Group Medical Underwriting  
  | PO Box 2999  
  | Hartford, CT 06104-2999  
  | Fax: 1-860-392-6980  

  If you have any questions or concerns, please call The Hartford Customer Service Department toll-free at 1-800-331-7234, Monday through Friday, 8:00 am to 6:00 pm ET or send an e-mail to medical.uw@thehartford.com

- This form must be completed and received by group medical underwriting within 30 days of the signature date.

- Please keep a copy of your EOI form for your records.

**Step 4 - Approval/Denial of Request**

- Hartford will contact you directly if additional information is needed prior to the approval process.
- Hartford will mail a letter to your home address informing you if your request has been approved or denied; CMU will receive a copy of this letter.
- If approved, CMU will make the change to the system and begin charging you the additional cost with the next available pay period.

**Questions?** Please contact Benefits & Wellness Office at (989) 774-3661 or benefits@cmich.edu.