Frequently Asked Questions About Evidence of Insurability for Applicants Using Online EOI

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

What Is Evidence of Insurability?

Evidence of Insurability (EOI) 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 the Office of Personnel/Human Resources Department or see the Evidence of Insurability portion of your contract for your policy's specific requirements.

Where do I get the Medical History Statements?

You are encouraged to use The Standard's Online EOI system. This allows you to submit your application electronically, directly and securely to The Standard.

To submit Evidence of Insurability online, visit: myeoi.standard.com/645273.

The information you are submitting through this site is protected by encryption technology to ensure your confidentiality. We restrict access to information about you to employees who need your information to provide you with products or services. Please read our privacy policy for more details. standard.com/eforms/9542.pdf.

Paper medical history statements are also available. Please follow this link to The Standards EOI Form: standard.com/eforms/16119_645273.pdf. Upon completion, print, sign and mail the form to The Standard at the address on the form.

What Information do I need to get started?

Before you begin, please have the following information available:

- Types and amounts of coverage you are requesting
- Physician name and address
- Personal identification information (Social Security Number, Date of Birth, etc.)
- Your group name and six-digit policy number: **Washington Counties Insurance Fund; 645273**

Once you have the required information, you are ready to begin the process.

If my spouse and/or child(ren) are also applying, will they need to submit (a) separate Medical History Statement(s)?

Yes, if they are applying for coverage that is subject to EOI. Please check with your benefits administrator if unsure. Your spouse should complete and sign their own Medical History Statement.

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 any questions.

How long does the underwriting process take?

The busy annual enrollment season runs from November through March each year. The initial review may take 6 – 8 weeks during these months. For applications submitted April – October, you can expect a response in 3 – 4 weeks. Turnaround can also be affected if The Standard must request additional information.

How will I know the decision?

You will receive a letter notifying you of the decision. In the event of a declination, you will be told the medical reason(s) for the decision and advised of the reconsideration process. The medical reason(s) for the declination will not be shared with anyone but you.

When is approved coverage effective?

Generally, coverage becomes effective on the date you are approved for coverage. Premium deductions begin the first of the following month. Refer to your group policy contract or contact the Office of Personnel/Human Resources Department 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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