



Your Guide to Medical Underwriting

Welcome to The Standard! Here's a guide to give you a general understanding of our medical underwriting process.

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TheStandard®

What is medical underwriting? The evaluation of an application for insurance coverage submitted by an employee (and spouses and/or children, if applicable).

What is evidence of insurability, or EOI? EOI is a process requiring applicants to submit a statement of their medical history, authorize us to obtain information about their health, undergo a physical examination (if required), and provide any additional information about their insurability that we may request during medical underwriting.

Application Stage

Do applicants need to submit EOI?

Read your group policy to determine what's required. If The Standard needs EOI, make sure the applicants know what to do.

EOI needed?

Applicants have to fill out an EOI application, which we call the Medical History Statement.

1. Provide applicants with a link to the online EOI application.
2. Tell applicants they'll need the following information before they start:
 - Your 6-digit group policy number
 - Products to be medically underwritten (Short- and Long-Term Disability, Life and Dependents Life Insurance)
 - How much coverage they have now (current amount in force) under the group policy
 - How much more coverage they want
 - Treating physician's contact information
3. Applicants should review the application to make sure it's complete and then submit the form.

EOI not needed?

Follow the steps for enrollment detailed in your group policy.

Review Stage

What happens during The Standard's review of the EOI application?

- We have enough information to make a decision, or
- We request more information.

The Standard requires more information?

1. The applicant will need to:
 - Provide the information we request.
 - Take a physical exam, if necessary.
2. Once your company is enrolled in AdminEASE (The Standard's online portal), you can check the status of the application by visiting "Evidence Reports."

Decision Stage

What happens when The Standard approves or declines the applicant's request for coverage?

Approved?

The Standard will send a letter with the final decision to the applicant and plan administrator.

At that point, you'll need to:

- a. Make sure the employee is still eligible and has met the group policy's active work requirement.
- b. Start or update payroll deductions.
- c. Check your group policy to verify the billing date. Typically, billing may start on the first of the month following the date of approval.
- d. Keep a copy of the decision for your records.

Declined?

The Standard sends a letter with the final decision and an explanation of reconsideration rights to the applicant. Because of privacy concerns, you'll be notified only that coverage has been declined. Keep a copy of the decision for your records.



Evidence of Insurability

Frequently Asked Questions

What is EOI?

EOI is a process requiring applicants to submit a statement of their medical history, authorize us to obtain information about their health, undergo a physical examination (if required), and provide any additional information about their insurability that we may request during medical underwriting.

What do applicants need to start the process?

Applicants should have the following information in front of them before they apply.

- Their 6-digit group policy number
- Products to be medically underwritten (Short- and Long-Term Disability, Life and Dependents Life Insurance)
- How much coverage they have now (current amount in force) under the group policy
- How much more coverage they want
- Treating physician's contact information

What's the best way for applicants to submit EOI?

They should submit online with our Medical History Statement link. Online applications ensure The Standard receives the necessary information to begin the underwriting process. Your employees can get started at http://www.standard.com/mybenefits/mhs_ho.html

What should applicants do about an application closed due to lack of information?

If we don't receive the requested material by the specified date, we close the file due to a lack of information. To inquire about reopening the file, applicants can call 800.843.7979.

After an approval, when does coverage actually start?

- Medically underwritten coverage is not in force until we approve the EOI in writing and the employee has met the active work requirement.
- Don't start deductions or submit premiums for any amount subject to EOI until after you receive notice of approval, and the employee has met the active work requirement.

When do we ask for EOI?

The answer depends on your specific group policy. Please check the evidence of insurability section in your policy to see when evidence applies. In most cases, we ask for EOI:

- When employees apply after their eligibility period has ended. Employees typically have 31 days to enroll themselves (and their spouses and/or children, if applicable) after becoming eligible for coverage. If they enroll after that time period, we require EOI (late application).
- When employees want to increase coverage. We require EOI when employees seek an increase in coverage for themselves (and their spouses and/or children, if applicable). You can tell employees that the EOI application will ask how much coverage the applicant(s) have in force, as well as the additional amount they're requesting.
 - In-force amount means the coverage applicants are already paying premium for, including their guarantee issue amount. Applicants should exclude any employer-paid coverage from the in-force amount.
 - Additional amount means the amount over the in-force coverage the applicant is applying for that needs to be medically underwritten.
- When employees are eligible for coverage but not insured. We require EOI for employees, spouses and/or children who were eligible, but not insured, under the prior plan.
- When applicants have been declined. We require EOI for employees (and their spouses and/or children, if applicable) who've been declined under the group policy or prior plan.
- When an employee applies for coverage after having voluntarily withdrawn from the plan.

Are there times we don't require EOI?

Policies vary. Please check the evidence of insurability section in your policy to see when it applies.

**More questions? We're here to help.
Call us at 800.843.7979 for answers.**



This guide is intended to give you an overview of The Standard's general evidence of insurability requirements, but your group policy's requirements may be different. Please check your group policy, including the evidence of insurability section, to see what your policy requires. This guide does not amend, alter or waive any provision in your group policy, and if there is any discrepancy between the group policy and this guide, the group policy will control.