

# EVIDENCE OF INSURABILITY

*How to Submit EOI Online*

*Answers to Frequently  
Asked Questions*



# Quick Easy Smart

## ► How to Use Our Online Evidence of Insurability Application

It's the quick, easy and smart way to submit Evidence of Insurability (EOI). And it's completely confidential.

If your employer has asked you to complete an EOI application, instead of filling it out on paper, just follow the steps below to submit it online.

1. Get ready to complete EOI by gathering some information beforehand, including:
  - Your group policy number and the amount of coverage your EOI application applies to. Your employer should provide you with this information.
  - Height, weight and recent medical history for you and any dependents included on your application.
2. Go to [www.sunlife-usa.com](http://www.sunlife-usa.com)
  - Go to the **Plan Members** section and click on the **Evidence of Insurability** link.
3. Follow the instructions on the screen. You'll be able to review your answers and then sign your application electronically before you submit it to us.

## ► Frequently Asked Questions

### Why am I required to submit EOI?

The requirement varies from policy to policy. Usually, Evidence of Insurability (also called Proof of Good Health) is required when:

- You apply for an amount of Group Life insurance coverage higher than the Guaranteed Issue amount;
- You are currently enrolled and want to increase coverage;
- You decline Group Life or Disability coverage during your initial eligibility period and then want coverage at a later date; or
- You elect to buy-up Long Term or Short Term Disability coverage (if applicable).

### What is a Guaranteed Issue limit?

If you are an eligible employee and apply for Group Life insurance coverage within 31 days of your date of eligibility, your plan may allow you to apply for amounts of coverage, in various increments, up to a coverage maximum. However, the plan may only *guarantee* you a certain amount of that coverage – the Guaranteed Issue limit – without you providing EOI.

## About Privacy and Security

In accordance with Sun Life Financial's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential and are never shown to your employer. Also, we do not share your email address or other personal information with any third parties except as permitted or required by law. Our web site includes state-of-the-art security. Any information you enter is encrypted and transmitted using Secure Socket Layers (SSL) technology.

Please see your employee benefits plan document, or ask your employer for information regarding your plan's coverage amounts and any applicable Guaranteed Issue limits.

### **What if I apply for coverage after 31 days?**

If you apply for coverage more than 31 days from your date of eligibility, you will be considered a "late entrant" and the entire amount you are applying for will be subject to EOI.

### **How do I provide EOI?**

Complete the online EOI application by following the instructions in this brochure. Or, if you wish, you may fill out our printable EOI application, sign it and mail or fax it to the address/fax number on the form. Printable EOI applications are available at [www.sunlife-usa.com](http://www.sunlife-usa.com) > Customer Service Center > Group Insurance Forms.

### **What happens after I submit the application?**

After we receive your Evidence of Insurability application, we'll process it and send you either an approval or pending notification. If your application is pending, a member of our Life Insurance team may contact you to arrange for you to take a medical exam (at our expense). Coverage subject to EOI will not go into effect until we contact your employer with approval and you meet all other eligibility requirements.

# The Online EOI Application at a glance at [www.sunlife-usa.com](http://www.sunlife-usa.com)

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## Evidence of Insurability

Follow these steps to complete the online Evidence of Insurability (EOI) Application:

- Enter Group Policy number and Social Security number – Ask your employer for your Group Policy number
- Specify Applicants – Your employer will tell you whether this application should include your spouse and/or dependent child(ren). Make your selection below.

Then, on the following screens:

- Provide address, e-mail and phone number
- Enter type of coverage and amount(s) for this application, if specified by your employer.
- Provide name, date of birth, height, weight and recent medical history for you and any dependents on this application.

Your application(s) will not be complete until you select the Submit for Review button on the last screen of this online questionnaire. If you are inactive or away from the computer for 10 minutes, your session will time out and you will lose previously entered data.

Group Policy Number

Employee Social Security Number

This Application is for (check all that apply):

Employee (Self)

Spouse/Partner

Dependent Child(ren)      Number of Children:

CONTINUE

**Your Privacy**

Privacy is very important to us. By completing and submitting this application, you have entrusted us with your personal information, which we will respect and protect. Please click here to read our full Privacy Policy.

▲ Start by entering policy and Social Security number.

Applicant Info   Coverage Info   **Health History**   Activities

## Health History

Important: If you answer "yes" to any of the questions, you will be asked to provide details of your condition (including dates, treatment and duration)

1. In the past five years, have you:

- a. Had transplant surgery, other surgery, injuries or been treated in a hospital?  Yes  No
- b. Been treated for alcoholism or advised by a physician to change your drinking habits?  Yes  No
- c. Used heroin, marijuana, cocaine, LSD, amphetamines, or any other narcotic?  Yes  No
- d. Been off work for more than five consecutive days due to illness or injury?  Yes  No
- e. Lost 20 lbs. or more over a 12 month period?  Yes  No

2. In the past five years, have you been diagnosed with, treated for or had any symptoms relating to any of the conditions listed below?

- a. Dizzy spells, epilepsy, a nervous or neurological disorder, migraines or a mental disorder  Yes  No  
Description/History of Condition   
Date you were first treated for this condition       Duration your treatment lasted   
Description of Treatment   
Have you fully recovered from your condition?  Yes  No
- b. Asthma, bronchitis, emphysema, chronic cough, shortness of breath, Chronic Obstructive Pulmonary Disease (COPD) or lung disorder  Yes  No
- c. Abnormal blood pressure, chest pain, heart murmur, heart disease or heart attack  Yes  No
- d. Ulcer, liver disorder, colitis, diarrhea or any complaint of the digestive organs  Yes  No
- e. Arthritis, gout, rheumatism, back disorder, disc disease, or joint or bone disorder  Yes  No
- f. Cancer, tumor, enlarged glands, enlarged lymph nodes or lupus  Yes  No
- g. Sugar in urine, diabetes, kidney or bladder disorder  Yes  No

▲ Complete the confidential questionnaire.

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## Ready to Submit for Review

[PRINTABLE VERSION](#)

You have successfully completed all required information. You must read and acknowledge the certifications and fraud warning on the next screen before selecting the **SUBMIT FOR REVIEW** button on the following page.

Important: If your responses on this application are incorrect or untrue, the insurance company may have the right to deny benefits or rescind your coverage, subject to the provisions in your employer's Group Policy.

EOI Application to be completed for the following applicant(s):	Status
Jane Doe	Application Complete
John Doe	Application Complete

CONTINUE

▲ Submit and you'll receive a confirmation email within minutes.

## ► Use Our Online EOI Application

It's the quick, easy and smart way to submit EOI.

- Quick - Our site leads you step by step through the process, which usually takes less than 15 minutes.
- Easy - No fussing with stamps or mailing.
- Smart - We send you an official acknowledgment that your EOI application was received. And if you are approved, we'll let you know by email, often the same day.

**Important:** Your complete response to the EOI application is required to establish insurability and participation in the plan. If you cannot fill out the online application, ask your employer for the printable version of the form.

## ► Policy and Coverage Information

Whether you complete the Evidence of Insurability application online or on paper, you'll need some information from your employer. Ask your employer to fill in the information below; select the coverages subject to EOI and provide amounts. Employers can find more information about EOI in their Sun Life group policy.

**Employee name:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Approval requested for** (select all that apply):

Employee    Spouse/Partner    Dependent Child(ren)   Number of children: \_\_\_\_\_

**Coverage(s) Subject to EOI** (select all that apply):

Life Insurance:	G.I./Current amount of coverage	Requested Amount	Amount Subject to EOI
<input type="checkbox"/> Employee Basic	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Employee Optional	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spouse/Partner Basic	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spouse/Partner Optional	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Child Optional	\$ _____	\$ _____	\$ _____

**Disability:**

STD    LTD    LTD Buy-up



Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY). Group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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