

UHC Life & Disability Evidence of Insurability (EOI) Forms via Adobe Sign

Evidence of Insurability Forms

FL Employee Only: [FL Employee UHIC EOI 10.2022](#)

FL Spouse Only: [FL Spouse UHIC EOI 10.2022](#)

Evidence of Insurability Instructions

Instructions for Employer

- Use only when EOI is required
- Application State: select based on **situs state of the group**, not resident state of applicant.
- Links to forms to provide to employee/spouse forms are below. Please do not store links. **Always get a new link** as they are subject to change. Outdated forms are not accepted.
- Employee and spouse (including domestic partner if applicable) apply separately

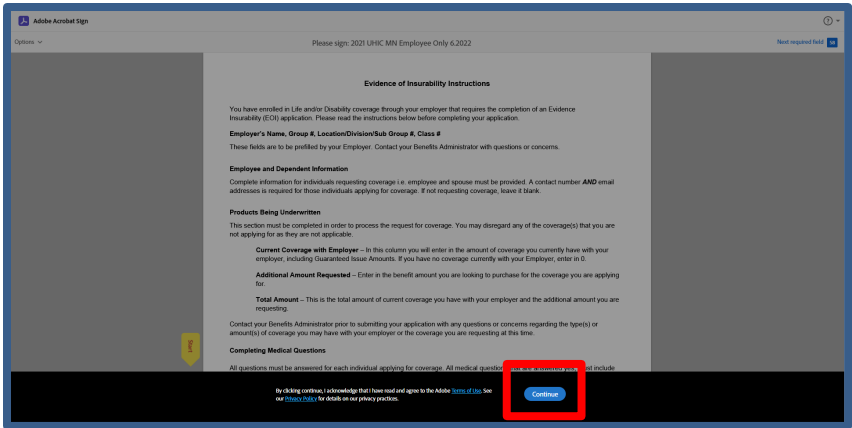
Instructions for Employee/Spouse

Thank you for enrolling in UnitedHealthcare Life, STD and/or LTD coverage through your (or your spouse’s) employer’s benefits. Your election requires the completion of an Evidence of Insurability (EOI) form to be considered for coverage. The form can be completed through a fillable pdf via Adobe Sign. This document will outline some tips to ensure a successful Adobe Sign experience.

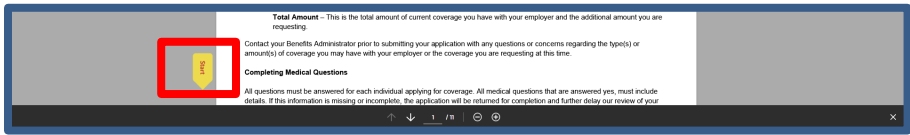
How to Complete the UHC EOI Using Adobe Sign

Step 1: Click on the EOI PDF link provided by your benefit administrator. This will bring you to the EOI form you need to complete.

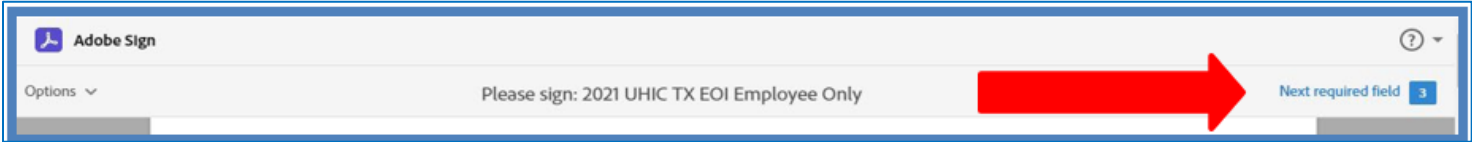
Step 2: To begin completing the form, you must acknowledge you have read and agree to the Adobe Terms of Use which can be found at the bottom of the page by clicking on **“Continue.”**



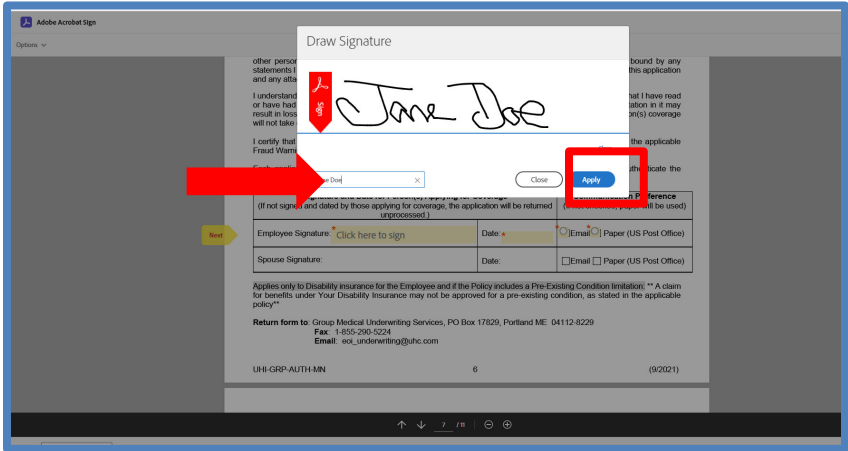
Step 3: Click on the **yellow Start flag** to begin completing the EOI. You will be brought to the second page of the EOI where you will enter in your demographic information.



Required fields will be marked with an orange asterisk. If you skip over a required field, you will not be given the opportunity to sign the form. In the upper right-hand corner of the screen, Adobe will alert you to how many required fields need to be completed.



Step 4: Once you have completed the EOI, you will be given the ability to sign your completed EOI form electronically. Click in the Signature box located at the bottom of the authorization page. The **Draw Signature** pop-up box will appear for you to sign your name with either a mouse, a stylus, or your finger. In addition, you will need to type your name in the box below your signature and then click **“Apply”**.



After clicking **Apply**, you will be brought back to the Adobe Sign document where your signature will appear, and you will be required to date the Authorization and select your Communication Preference.

Signature and Date for Person(s) Applying for Coverage (If not signed and dated by those applying for coverage, the application will be returned unprocessed.)		Communication Preference (If not checked, paper will be used)
Employee Signature: Jane Doe	Date: 06/16/2022	☒ Email ☐ Paper (US Post Office)
Spouse Signature:	Date:	☐ Email ☐ Paper (US Post Office)

Applies only to Disability insurance for the Employee and if the Policy includes a Pre-Existing Condition limitation: ** A claim for benefits under Your Disability Insurance may not be approved for a pre-existing condition, as stated in the applicable policy**

Return form to: Group Medical Underwriting Services, PO Box 17829, Portland ME 04112-8229
Fax: 1-855-290-5224
Email: eoi_underwriting@uhc.com

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Step 5: Once you have signed, dated, and selected your Communication Preference, a message will display at the bottom of the page advising you to **“Click to Sign.”**

Application and to have the same force and effect as a handwritten signature.

Signature and Date for Person(s) Applying for Coverage (If not signed and dated by those applying for coverage, the application will be returned unprocessed.)		Communication Preference (If not checked, paper will be used)
Employee Signature: <i>Jane Doe</i>	Date: 06/16/2022	☒ Email ☐ Paper (US Post Office)
Spouse Signature:	Date:	☐ Email ☐ Paper (US Post Office)

Applies only to Disability Insurance for the Employee and if the Policy includes a Pre-Existing Condition limitation. [A claim](#)

By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with Optum eSignature.

[Click to Sign](#)

Step 6: You will be prompted to enter in your email address and **“Click to Sign”**.

Enter Your Information

Please enter your email and then click to sign this document.

Your email address@vvx.com

Cancel

Click to sign

Step 7: You will receive an email from Adobe Sign requesting you verify your email address. **NOTE: It is imperative this step is completed. If you do not confirm your email address, the completed EOI form will not be sent to UHC for review.**

Please confirm your signature on 2021 UHIC TX EOI Employee Only

AS

Adobe Sign <echosign@echosign.com>

Your email address

Thank you for signing 2021 UHIC TX EOI Employee Only. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

Confirm my email address

After you confirm your signature and other form participants have fulfilled their roles, all parties will be notified.

Once you have confirmed your email address, you will receive an email from Optum eSignature with a link to your completed EOI form.

You signed: "2021 UHIC TX EOI Employee Only"

Optum eSignature <echosign@echosign.com>

Expires: 3/3/2022

Your email address

You're done signing

2021 UHIC TX EOI Employee Only

Open agreement

You can open the final agreement to review its activity history or download a copy for reference.

The agreement is fully executed. The sender of this agreement has control over the retention period for this agreement which determines the amount of time it will be available for download from Adobe Sign. Adobe recommends that you save a local copy of this fully-executed agreement for your records.

How to Print off a Blank UHC EOI Form

If you decide you do not want to complete the UHC EOI form through Adobe Sign, you have the option to print out a copy of the blank EOI form, complete it in paper, sign in ink and fax or email it to the Evidence of Insurability Underwriting Services team for review.

Email: eoi_underwriting@uhc.com
Fax: 855-290-5224

Step 1: Click on the EOI PDF link your employer has provided to you. This will bring you to the EOI form for you to complete.

Step 2: To save the blank EOI form to your desktop, you must acknowledge you have read and agree to the Adobe Terms of Use which can be found at the bottom of the page by clicking on **“Continue.”**

Adobe Sign

Please sign: 2021 UHC TX EOI Employee Only

Next required field 57

Evidence of Insurability Instructions

You have enrolled in Life and/or Disability coverage through your employer that requires the completion of an Evidence Insurability (EOI) application. Please read the instructions below before completing your application.

Employer's Name, Group #, Location/Division/Sub Group #, Class #
These fields are to be prefilled by your Employer. Contact your Benefits Administrator with questions or concerns.

Employee and Dependent Information
Complete information for individuals requesting coverage i.e. employee and spouse must be provided. A contact number **AND** email addresses is required for those individuals applying for coverage. If not requesting coverage, leave it blank.

Products Being Underwritten
This section must be completed in order to process the request for coverage. You may disregard any of the coverage(s) that you are not applying for as they are not applicable.

Current Coverage with Employer – In this column you will enter in the amount of coverage you currently have with your employer, including Guaranteed Issue Amounts. If you have no coverage currently with your Employer, enter in 0.

Additional Amount Requested – Enter in the benefit amount you are looking to purchase for the coverage you are applying for.

Total Amount – This is the total amount of current coverage you have with your employer and the additional amount you are requesting.

Contact your Benefits Administrator prior to submitting your application with any questions or concerns regarding the type(s) or amount(s) of coverage you may have with your employer or the coverage you are requesting at this time.

By clicking continue, I acknowledge that I have read and agree to the Adobe Terms of Use. See our Privacy Policy for details on our privacy practices.

Continue

Step 3: In the upper left corner of the screen, click on **Options** and select **Read Agreement**.

Adobe Sign

Please sign: 2021 UHC Generic EOI Employee Only

Next required field 57

Evidence of Insurability Instructions

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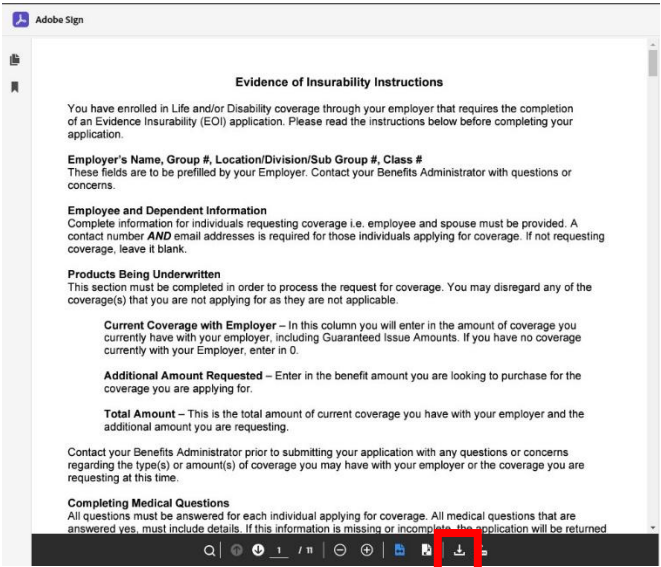
Total Amount – This is the total amount of current coverage you have with your employer and the additional amount you are requesting.

Contact your Benefits Administrator prior to submitting your application with any questions or concerns

Options

- Read agreement
- Clear document data

Step 4: Click on the download icon at the bottom of the page to download, save and print a blank copy of the EOI form.



Questions?

If you have any questions regarding the coverage you have elected, contact your Benefits Administrator.

During the process of completing the fillable EOI PDF should you have any questions, you may contact the Evidence of Insurability Underwriting Services

Telephone: 866-615-8727 – Option 3, then option 1
Email: eoι_underwriting@uhc.com