

Completing Evidence of Insurability (EOI) Supplemental/Voluntary Life Insurance



Who Is Required to Complete the EOI Process?

During Open Enrollment, employees that elect any of the following Supplemental/Voluntary Life options **MUST** complete EOI:

- Add New or Increase Existing Employee Voluntary Life Coverage
- Add New or Increase Existing Spouse Voluntary Life Coverage
- Add New Child Voluntary Life Coverage

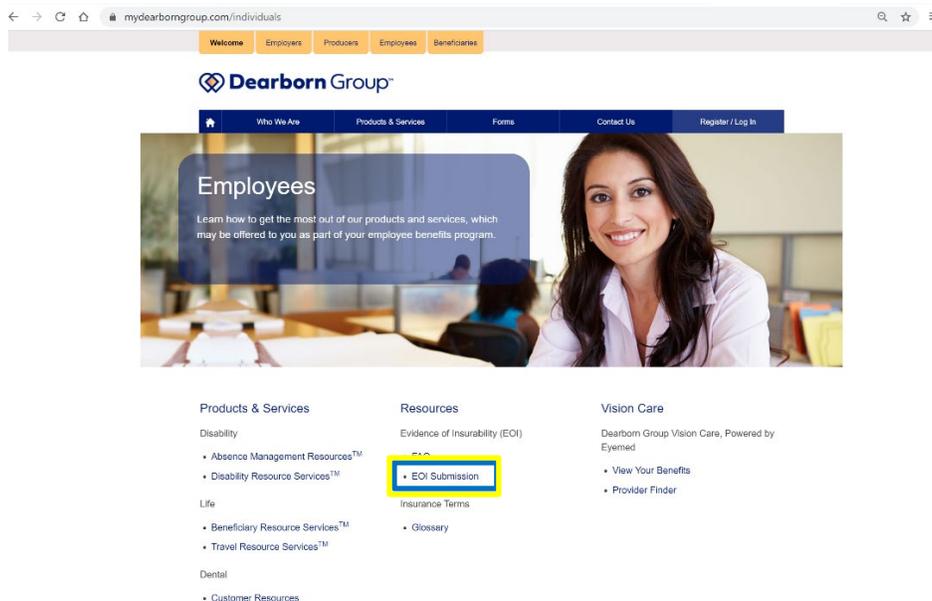
Ways to Complete EOI

Type	Details
Online Submission	<ul style="list-style-type: none">• Complete the EOI online directly through Dearborn's website• EOI submitted online to Dearborn Life; no need to mail anything
Fillable Form	<ul style="list-style-type: none">• Complete Dearborn's Fillable EOI Form (pdf)• Mail to Dearborn Life using info found on top right corner of form

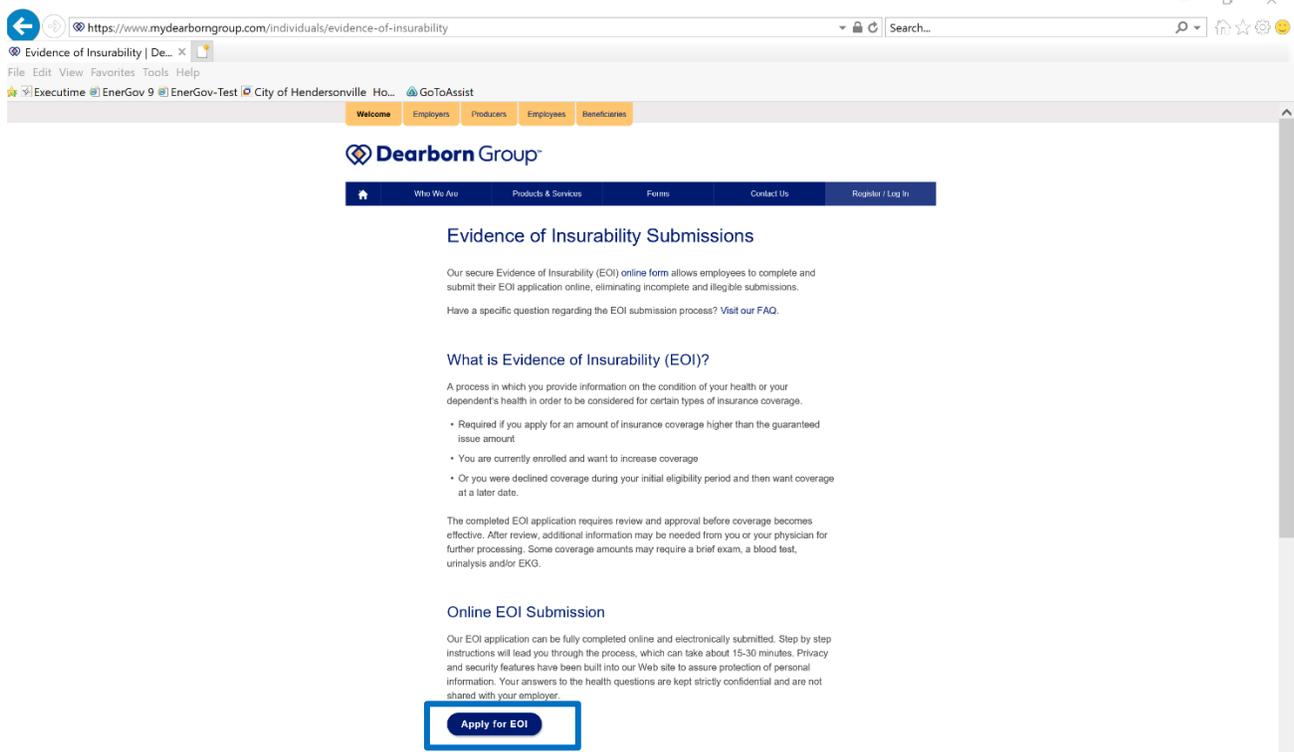
***Please notify HR office once you complete EOI and are approved by Dearborn Life**

EOI ONLINE SUBMISSION INSTRUCTIONS

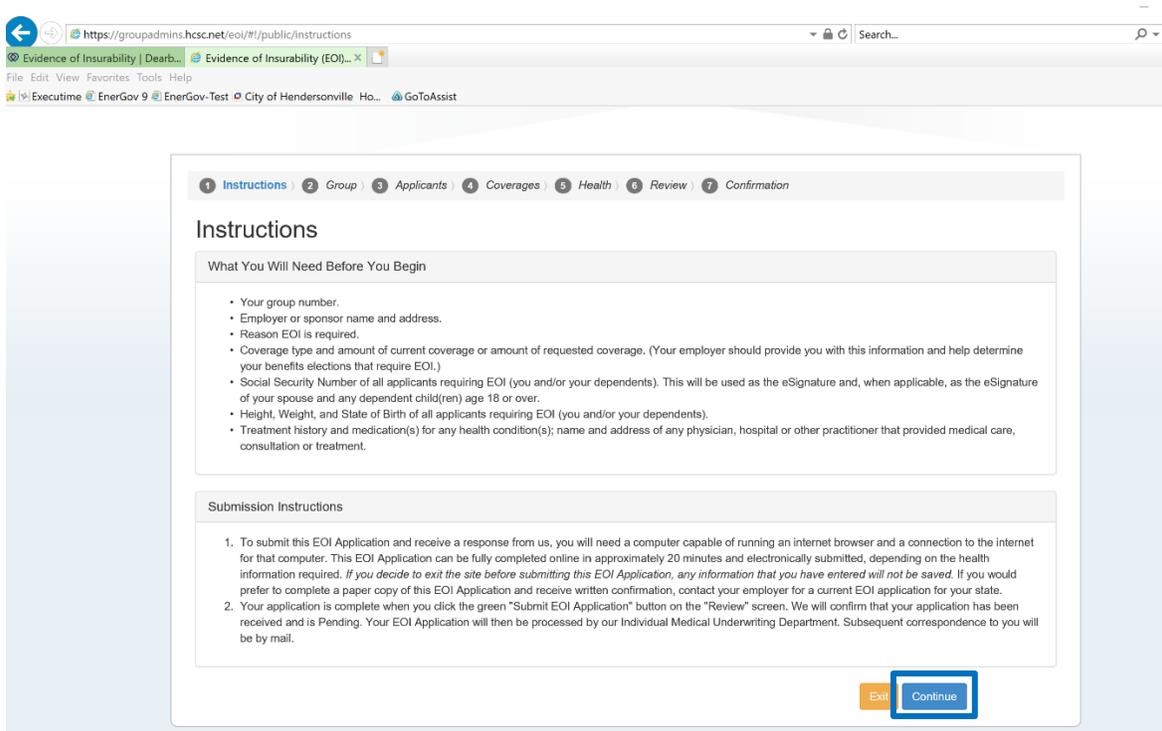
1. **Click link below, OR type address below in the web browser's URL bar**
<https://www.mydearborngroup.com/individuals>
2. **Click EOI Submission in middle of page (see picture below)**



3. Read Dearborn's information about Evidence of Insurability Submissions, then click "Apply for EOI" button at bottom of the page



4. Instructions: Read Instructions page, then click blue "Continue" button in bottom right corner



5. **Group Details:** Under *Group Details* section, fill in the mandatory fields using the City of Hendersonville’s information as shown and highlighted in the picture below.

- Group Number – F007484
- Group Name – City of Hendersonville
- Group Address – 101 Maple Drive North
- Group State – Tennessee
- Group Zip Code - 37075

6. **Contact Details:** Under the *Contact Details* section, enter the information pictured below in the respective **Group Contact fields**. The City’s group contact person is Aleesha Ploger:

HR Department
(615) 264-5314 – Phone
(615) 264-5353 – Fax
hr@hvilletn.org – E-mail

7. Click blue “Continue” button in bottom right corner

1 Instructions > 2 **Group** > 3 Applicants > 4 Coverages > 5 Health > 6 Review > 7 Confirmation

Group Information

Group Details

Group Number F007484	Group Name City of Hendersonville	Group Account Number Optional
Group Address Line One 101 Maple Drive North	Group Address Line Two Optional	
Group City Hendersonville	Group State Tennessee	Group Zip Code 37075

Contact Details

Group Contact First Name Optional HR	Group Contact Last Name Optional Department	
Group Phone Number Optional (615) 264-5314	Group Fax Number Optional (615) 264-5353	Group Email Address Optional hr@hvilletn.org

Exit Previous **Continue**

8. Applicants: Use dropdown menu to select the appropriate “Reason for Submitting EOI”:
 - Increasing Coverage Amount
 - Late Entrant (if adding new Employee or Spouse Vol Life coverage)
9. During Annual Enrollment box: select Yes or No accordingly
10. Under *Employee Information* section, complete all mandatory fields with Employee info
11. Click blue “Continue” button in bottom right corner

1 Instructions > 2 Group > 3 Applicants > 4 Coverages > 5 Health > 6 Review > 7 Confirmation

Applicant Information

Reason For Submitting EOI

Your reason for submitting EOI determines the type of coverage options available to you. If you decide to change your reason later in the application process, you will need to re-select your coverage options.

Reason: Increasing Coverage Amount During Annual Enrollment: Yes No

Employee Information

Please state if the Employee is applying for EOI at this time.

Employee Applying for EOI: Yes No

First Name	Middle Initial <small>Optional</small>	Last Name
Date of Birth: <small>MM/DD/YYYY</small>	Email Address <small>Optional</small>	
Address Line One	Address Line Two <small>Optional</small>	

12. Coverages: Under *Coverage Information*, you are requesting or modifying ONLY Supplemental Life. See highlighted fields to be completed in picture below. Be sure to:
 - Only click “Yes” for Supplemental Life. All other Life options should be “No”.
 - Coverage amounts should be entered according to your current/requested amounts (amounts below are example only)
 - Enter your base annual salary at bottom of Coverage Information page

13. Click blue "Continue" button in bottom right corner

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Coverage Information

Jane Smith , Employee: Basic and Voluntary Coverages

Product selections may require additional medical underwriting review

Supplemental Life	Current Coverage Amount	Requested Coverage Amount
<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ 20000	\$ 50000

Voluntary Term Life

Yes No

Supplemental Critical Illness

Yes No

Voluntary Critical Illness

Yes No

Employee's Current Basic Annual Salary

\$ 35000

Exit Previous **Continue**

14. In the **Health Information** screen, answer all health-related questions completely

15. Click blue "Continue" button in bottom right corner

1 Instructions > 2 Group > 3 Applicants > 4 Coverages > 5 Health > 6 Review > 7 Confirmation

Health Information

Answer all questions fully, accurately, and truthfully for any person applying for coverage.

Select either "Yes" or "No" for each applicant, for each question asked. Details to all "Yes" answers will be asked for on a subsequent web page (Part 4). Failure to provide full information or providing false information may result in denial of benefits and/or possible investigation for fraud.

Question 1

Has any person applying for coverage been seen, treated, advised or received services from any health provider *in the last 12 months*, including routine physicals?

Jane Smith , Employee

Yes No

16. Finally, move on to Review & Confirmation screens to complete the EOI Online Submission process. **DONE!**

EOI FILLABLE FORM INSTRUCTIONS

1. **Download & Save [Dearborn's Fillable EOI Form](#) (click the link)**
2. **At top of 1st page, all information required in the *Group Administrator/Employer* section is already filled-in on the document (highlighted in yellow). **IF NOT, please fill in this section on your form just as it is displayed below.****

Dearborn Life Insurance Company		Coverage Election Summary for EOI To be completed by Group Administrator/Employer Attach this form with the completed Employee Application and return to: Dearborn Life Insurance Company Attn: Medical Underwriting Department P.O. Box 7072 Downers Grove, IL 60515	
Phone Number: (800) 721-7987 Fax Number: (855) 691-7157			
<p>Complete all blanks and print clearly. Omitted information will cause consideration of coverage to be delayed. *The effective date of coverage is the date the application is approved. Premium is due the first of the month following the approval date. Group Administrator/Employer: Do not deduct premiums for any coverage subject to evidence of insurability until you receive Dearborn Life Insurance Company's final confirmation of approval.</p>			
TO BE COMPLETED BY GROUP ADMINISTRATOR/EMPLOYER: (Print and submit with employee enrollment information.)			
Employer Name City of Hendersonville		Group Number F007484	Account No. Location No.
Employer's Street Address 101 Maple Drive North		City Hendersonville	State TN Zip Code 37075
Employer Contact Name HR Department	Business Phone Number (615) 264-5314	Business Fax Number (615) 264-5353	Email Address hr@hvilletn.org
Employee Name (first, middle initial, last)	Social Security Number	Alternate ID	Coverage Request for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child(ren)*

3. **Fill out the entire form as completely as possible. Note Dearborn's disclaimer: *Omitted information will cause consideration of coverage to be delayed.***
4. **Save & Print completed EOI form.**
5. **Mail completed EOI form to Dearborn Life at address below:**

**Dearborn Life Insurance Company
Attn: Medical Underwriting Department
P.O. Box 7072
Downers Grove, IL 60515**

6. **DONE!**

