

**CA Employee Only:** [CA Employee UHIC EOI 08.2023](#)

**CA Spouse Only:** [CA Employee UHIC EOI 08.2023](#)

## Adobe Sign Process for Completing the UHC Evidence of Insurability Form (August 2023)

Thank you for enrolling in UnitedHealthcare Financial Protection coverage through your employer's benefits. Your election requires the completion of an Evidence of Insurability (EOI) form. The form can be completed through a fillable pdf and 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."**

Adobe Acrobat Sign

Please sign: 2021 UHIC IA Employee Only 08.2023

Options ▾

Next required field ➤

### Evidence of Insurability Instructions

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

You may submit this application electronically (via Adobe Sign), or via paper format. Employees and spouses need to apply on separate applications.

To complete your application successfully, you should have the following information available to you:

- **Employer's Name and Group # of the employee;** These fields must be completed. If you do not know your employer's group #, please contact your Benefits Administrator to obtain.
- **If you are a spouse.** Also include Employee name, social security, date of birth, date of hire, income, and coverage amounts.
- **Medical Conditions.** List of your medical conditions to include dates and treatments.
- **Medications.** List of your medications and dosage.
- **Medical History.** Names, address, phone numbers and dates of doctors, practitioners, or counselors you have seen within the past 5 years for anything other than a minor illness.
- **Physician Details.** Contact information of the doctor you see for routine physicals and exams.

**Products Being Underwritten**  
This section must be completed to process the request for coverage. Disregard any coverage(s) that you are not applying for at this time, as they are not applicable. Contact your Benefits Administrator prior to submitting your application with any questions regarding the type(s) and amount(s) of coverage you have and 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**

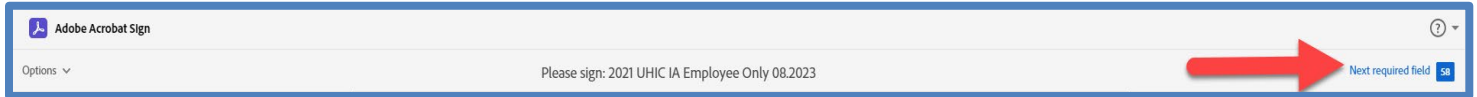
**Step 3:** Click on the **yellow Start flag** to begin completing the EOI. You will be brought to the second page of the EOI where you will enter in your demographic information.

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

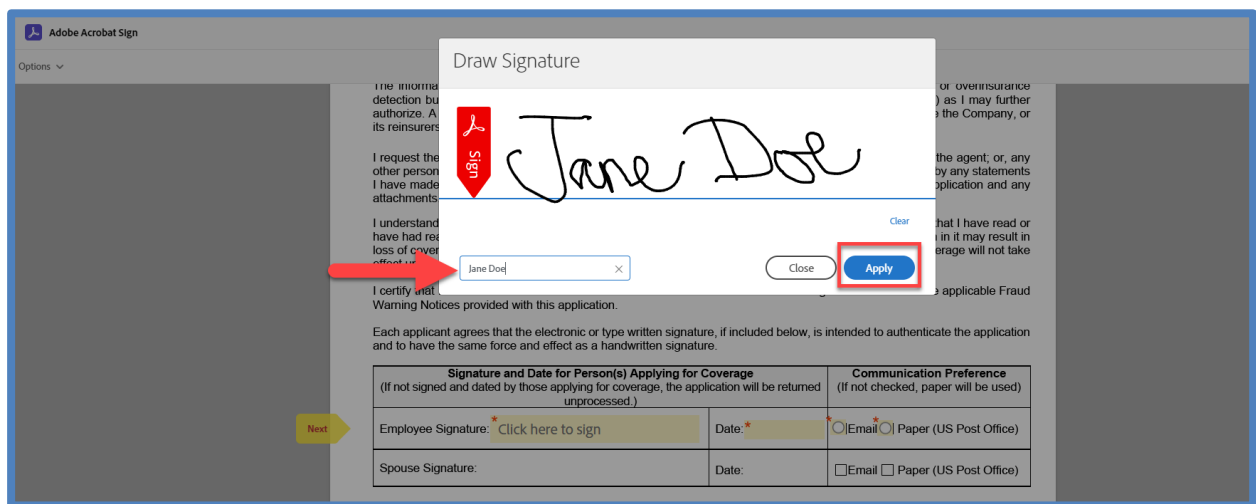
Contact your Benefits Administrator prior to submitting your application with any questions or concerns regarding the type(s) or amount(s) of coverage you may have with your employer or the coverage you are requesting at this time.

**Completing Medical Questions**  
All questions must be answered for each individual applying for coverage. All medical questions that are answered yes, must include details. If this information is missing or incomplete, the application will be returned for completion and further delay our review of your

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: <i>Jane Doe</i>	Date: 07/23/2023	<input checked="" type="radio"/> Email <input type="radio"/> Paper (US Post Office)
Spouse Signature:	Date:	<input type="checkbox"/> Email <input type="checkbox"/> Paper (US Post Office)


**Return form to:** Group Medical Underwriting Services, PO Box 31330 Salt Lake City, UT 84131  
**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.”**

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: 07/23/2023	<input checked="" type="radio"/> Email <input type="radio"/> Paper (US Post Office)
Spouse Signature:	Date:	<input type="checkbox"/> Email <input type="checkbox"/> Paper (US Post Office)

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.

Youremailaddress@xyx.com

Cancel

Click to sign

Once you **click to sign**, a message will appear advising a link has been emailed to you to verify your email address.

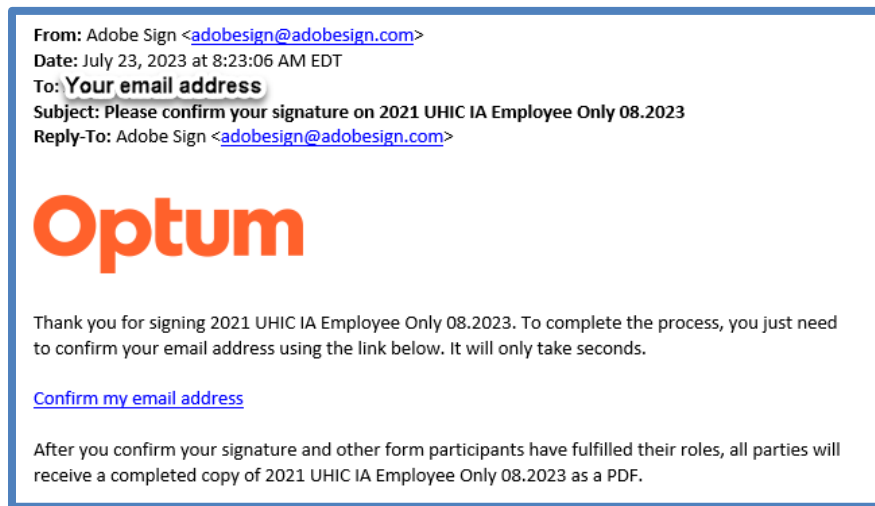
Adobe Acrobat Sign

ⓘ

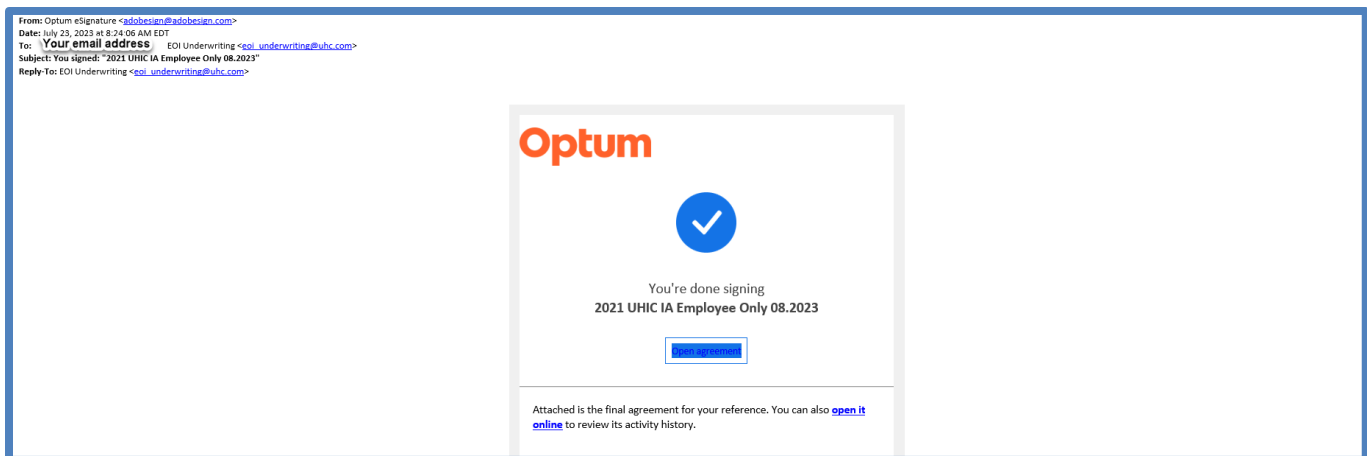
Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "2021 UHIC IA Employee Only 08.2023" until you've confirmed.

**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.**



Once you have confirmed your email address, you will receive an email from Optum eSignature with a link to your completed EOI form. Additionally, a copy of your completed Adobe Sign document will be automatically sent to the EOI department for review.



## 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.

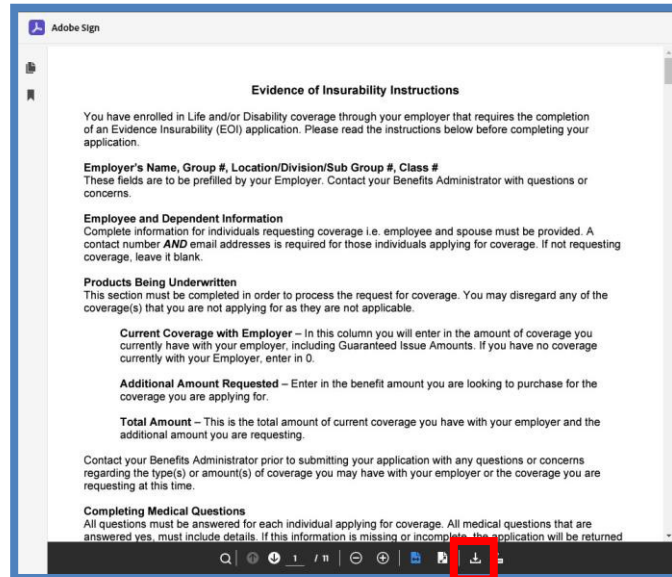
**Email:** [eoι\\_underwriting@uhc.com](mailto:eoι_underwriting@uhc.com)  
**Fax:** 855-290-5224

**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.”**

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

**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.



**Evidence of Insurability Instructions**

You have enrolled in Life and/or Disability coverage through your employer that requires the completion of an Evidence of 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.

**Completing Medical Questions**  
All questions must be answered for each individual applying for coverage. All medical questions that are answered yes, must include details. If this information is missing or incomplete, the application will be returned.

## 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](mailto:eoι_underwriting@uhc.com)