

## Optional Life Insurance: Online Evidence of Insurability (EOI) Process

In approximately 7-14 days of Minnesota Life's receipt of your application from SEGIP, you will receive a letter from Minnesota Life/Securian at your home address with instructions and a user ID and password. Before you begin the online EOI submission process:

- Ensure you have 5-20 minutes to complete this process in one sitting. You will be able to return later and resume a previous session.
- If you have elected spouse coverage, your spouse will receive their own user ID and password to complete this online process and provides his/her own electronic signature.
- **Tip: To complete the EOI process in less time, you should first gather your medical records,** including name and address of physicians, hospitals, and clinics you've visited in the past 3 years, as well as any details regarding diagnosis and treatment.
- *The medical information you provide is not shared with your employer.*

### **Be prepared to answer the following questions for each person applying:**

- **Profile information:** height / weight
- **Health question 1:** During the past 3 years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized? The system will list several different generally common conditions/illnesses and ask if you have received treatment for any of them. Or, if you have received treatment for any other conditions.
- **Health question 2:** Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction? If you answer yes, you will be asked for diagnosis/treatment dates/prescribed medications.
- **Health question 3:** Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?
- **Medical facility information:** Based on your answers to the health questions, you will be asked for information about where you received medical treatment for each admitted condition. Facility name/ Doctor / phone number / address (a full address is helpful but only the city and state are required)
- **Final: Electronic signature & submit information**

If you have questions about the process, the status of your application, or any other related matter, please call Minnesota Life's medical underwriting department at: **1-800-872-2214**