

Evidence of Insurability (EOI) Application Screenshots

Please see instructions below to help guide you in completing the UNUM Evidence of Insurability form.

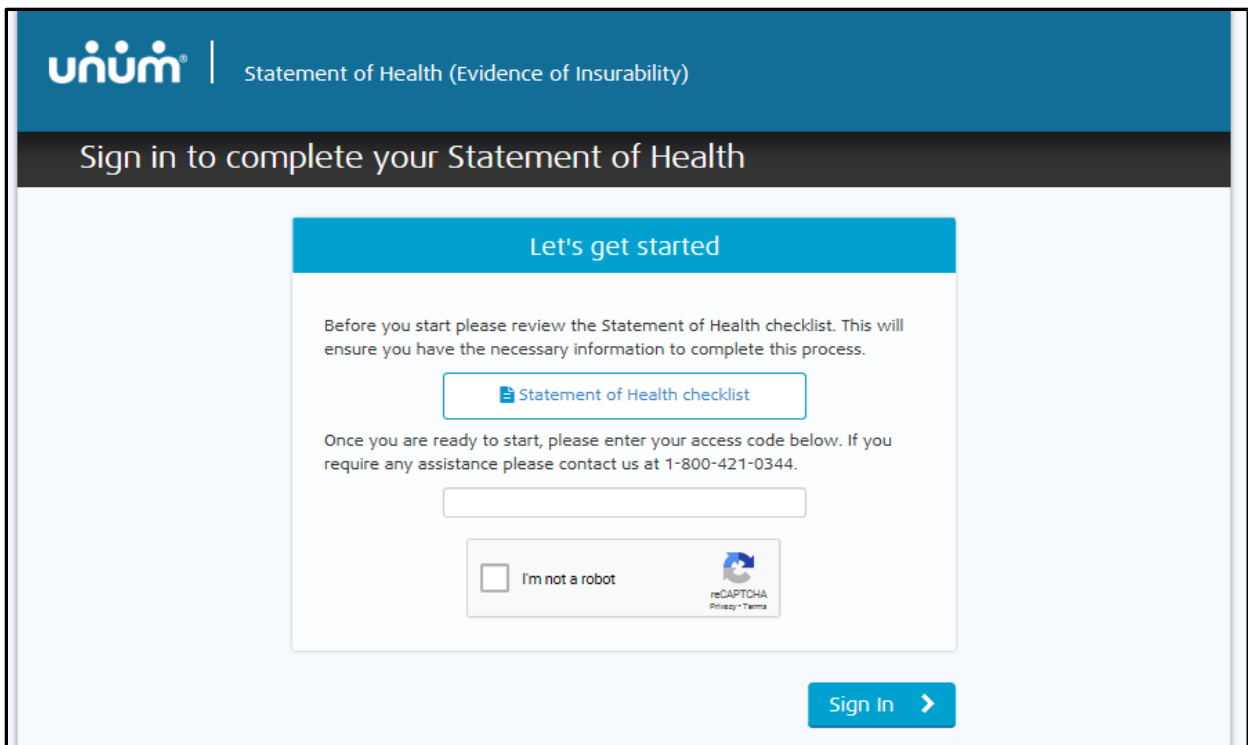
IMPORTANT: You will need the following information *before* logging in to complete your Evidence of Insurability:

- Employee information such as Name, Address, Date of Birth, Social Security Number, Gender, Employee Annual Salary, Date of Hire, Phone Number(s) and Email Address (for Spouse/Child Information, you'll only need Name, Date of Birth and Gender)
- Medical Information such as height, weight (not required for children), medical treatment dates, duration, treatment received, medications and dosages, names and addresses of physicians and hospitals

Screen 1

- 1) When clicking the EOI link from your Workday inbox, the screen below should appear. Enter the access code below and follow instructions on this page.

Access Code: 4BAVM8Z



The screenshot shows the UNUM login interface for the Statement of Health (Evidence of Insurability). The header includes the UNUM logo and the text "Statement of Health (Evidence of Insurability)". Below the header is a dark blue bar with the text "Sign in to complete your Statement of Health". The main content area is light blue and contains a white box with a blue header "Let's get started". Inside this box, there is a paragraph: "Before you start please review the Statement of Health checklist. This will ensure you have the necessary information to complete this process." Below this is a button labeled "Statement of Health checklist". Another paragraph follows: "Once you are ready to start, please enter your access code below. If you require any assistance please contact us at 1-800-421-0344." Below this is an empty text input field. At the bottom of the white box is a reCAPTCHA widget with the text "I'm not a robot" and a checkbox. To the right of the reCAPTCHA is a small icon and the text "reCAPTCHA Privacy Terms". At the bottom right of the main content area is a blue button labeled "Sign In" with a right-pointing arrow.

Screen 2

Enter employee information and dependent information (if needed). Then click the “next” button.

Personal Information

Step 1
Personal Information Step 2
Your Coverage Step 3
Consent Step 4
Questions

Welcome,

During your recent enrollment, you requested coverage that requires medical information. First we need to gather your personal information. By continuing you agree you are entering information for your application through your employer - **Furman University**.

Employee Information

First Name	<input type="text" value="jane"/>	Address 1	<input type="text" value="3300 Poinsett Highway"/>
Last Name	<input type="text" value="doe"/>	Address 2	<input type="text"/>
Home Phone	<input type="text" value="864-294-3105"/>	City	<input type="text" value="Greenville"/>
Mobile Phone	<input type="text" value="ex. 123-123-1234"/>	State	<input type="text" value="SC"/>
Work Phone	<input type="text" value="ex. 123-123-1234"/>	Zip	<input type="text" value="29617"/>
Email	<input type="text"/>	Gender	<input type="radio" value="Male"/> Male <input checked="" type="radio" value="Female"/> Female
Date of Birth	<input type="text" value="01/01/1975"/>	Date of Hire	<input type="text" value="01/01/2015"/>
SSN	<input type="text" value="123-45-6789"/>	Salary	<input type="text" value="50,000"/>

Dependent Information

i You can add, remove or change information about your dependent here. You only need to add dependents if their election requires medical information to be completed.

Have questions? just call 1-800-421-0344

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Employee Information:
Enter your personal information in the employee information section.

Dependent Information
You will only need to add a spouse or child, if you are applying for coverage for a spouse or child that requires evidence of insurability.

Screen 3

Below you will choose the event type, coverage type and click “Next”

Event Type

Choose only 1 of the 2 options: “Late Entrant” if you’ve never had coverage or “Coverage Increase” if you are increasing your current coverage. LTD and STD does not apply.

Your Coverage

You will be asked to select your Event Type below. These descriptions will help identify which selection you should make for each coverage type if you have not been provided the Event Type to use

- **Annual Re-Enrollment:** I am electing coverage during the annual enrollment period.
- **Late Entrant:** I did not apply when I was first eligible.
- **Status Change:** There has been a change in my family status (marriage, birth, etc.).
- **Coverage Increase:** I am electing a higher level of coverage.
- **Newly Eligible:** This is the first time I have been eligible for coverage.

Event Type Selection

Life Annual Re-Enrollment LTD STD
Late Entrant
Status Change
Coverage Increase
Newly Eligible

Select your coverage type

Your benefit options are shown below. Please check the “Select” boxes for the coverages you have enrolled in AND that require you to complete the Statement of Health. For Life coverage, please enter amounts.

Coverage Type	Total Requested Amount	Amount Requiring Health Info	Select
Life - Employee	30,000	10,000	<input checked="" type="checkbox"/>
Life - Spouse	\$	\$	<input type="checkbox"/>
Life - Child	\$	\$	<input type="checkbox"/>
Long Term Disability - Employee	Amount Chosen	Amount Chosen	<input type="checkbox"/>
Short Term Disability - Employee	Amount Chosen	Amount Chosen	<input type="checkbox"/>

Your Long Term Disability and Short Term Disability amounts are determined by your employer’s policy.

[Back](#) [Next](#)

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Coverage Type

Choose coverage type for the individual in which the EOI needs to be completed.

Total Requested Amount: Enter amount of life requested.

Amount Requiring Health Info: The amount of life insurance that is pending: the difference between the total you are requesting and the amount you currently have.

Screen 4

Below you will give electronic consent to have your information delivered to the insurance company Unum. Check both boxes below and click “Submit”

unum | Statement of Health (Evidence of Insurability)

Electronic Consent

Step 1 Personal Information Step 2 Your Coverage Step 3 Consent Step 4 Questions

Electronic Consent and Submission

I consent to the electronic delivery of insurance documents, including legally required disclosure and policy documents. I have an email address and an electronic device such as a computer or a smart phone to access the internet and view and retain PDF documents. I can withdraw my consent, update my email address and request a paper copy of any document at any time by contacting Unum.

By checking this box and clicking submit, I agree to the Electronic Consent, [Terms of Use](#) and the [Privacy Notice](#).

By checking the box and clicking Submit, I agree to the [Medical Authorization and Fraud Warning 1143-01](#) and [HIPAA Authorization AE-1220](#)

[Submit](#)

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Screen 5

Answer the medical questions below and click “Next”.

Step 1 Personal Information	Step 2 Your Coverage	Step 3 Consent	Step 4 Questions
List your current Height		Employee	<input type="text" value="5"/> ft <input type="text" value="2"/> in
List your current Weight		Employee	<input type="text" value="175"/> lbs
Within the past 2 years , have you used any controlled substances with the exception of those prescribed by a physician, received medical advice or sought treatment for drug or alcohol abuse, or pled guilty, pled no contest to or been convicted of a felony, misdemeanor, or a charge of operating a motor vehicle under the influence of drugs and/or alcohol?		Employee	<input type="text" value="Yes"/> <input checked="" type="text" value="No"/>
Within the past 2 years , have you been prescribed three or more medications to be taken concurrently for high blood pressure?		Employee	<input type="text" value="Yes"/> <input checked="" type="text" value="No"/>
Within the past 5 years , have you received medical advice or sought treatment for psychosis, internal cancer including melanoma, leukemia or Hodgkin's disease, ALS, muscular dystrophy, angina, or had heart surgery, heart attack or transient ischemic attack (TIA)?		Employee	<input type="text" value="Yes"/> <input checked="" type="text" value="No"/>
Within the past 10 years , have you received medical advice or sought treatment for stroke, congestive heart failure, chronic lung disease including emphysema, diabetes treated with insulin or oral medications, hepatitis (other than type A), cirrhosis of the liver, chronic renal disease including hypertension or failure, systemic lupus or any connective tissue disease?		Employee	<input type="text" value="Yes"/> <input checked="" type="text" value="No"/>
Are you confined to a wheelchair for reasons other than paraplegia?		Employee	<input type="text" value="Yes"/> <input checked="" type="text" value="No"/>
			Next >

Screen 6

Answer the medical questions below and click “Next”.

unum Statement of Health (Evidence of Insurability)			
Health Information			
Step 1 Personal Information	Step 2 Your Coverage	Step 3 Consent	Step 4 Questions
Has any person applying for coverage been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS)? Applicant need not disclose Human Immunodeficiency Virus (HIV) test results.		All applicants	<input type="text" value="Yes"/> <input checked="" type="text" value="No"/>
			Next >
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Have questions regarding your status? Unum is here to help!
Call us: 1-800-421-0344 8:00 a.m. - 8:00 p.m. ET - Monday - Friday