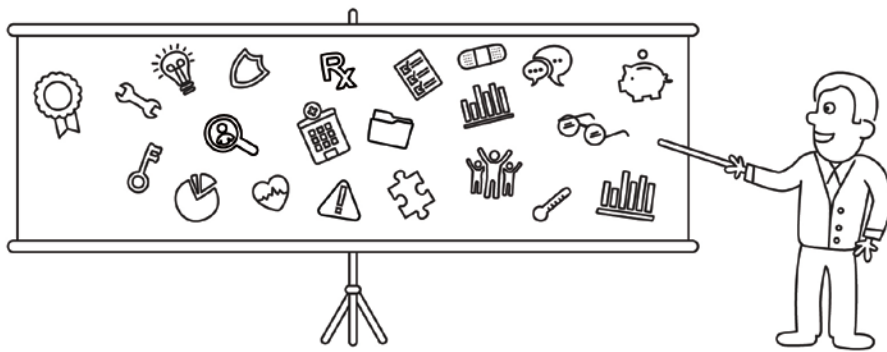**Draw on our experience.**

Obtaining Evidence of Insurability (EOI) Application Status

Policyholders have Three Options:

1. Access EOI status reports at www.reliancestandard.com via the *Online Reports* link in your RSL Toolbox
   - Access to the website and reports will require a User ID and Password; please contact your account management team to request this information

2. Contact our Customer Care Center by dialing 1-800-351-7500 and utilizing the Interactive Voice Response program or speaking directly to a friendly Customer Care representative
   - Live representatives are available to take your call Monday-Friday from 8am – 7pm EST

3. Refer to your billing statement under Evidence of Insurability Activity
   - EOI activity is shown on all paper and online bills

Applicants have Two Options:

1. Access your EOI status by visiting our website at www.reliancestandard.com
   - On the home page, click the *Customer Care* link in the upper right corner. Once the Customer Care page loads, click *Self Service Tools* and select *Medical Underwriting*

2. Contact our Customer Care Center by dialing 1-800-351-7500 and utilizing the Interactive Voice Response program or speaking directly to a friendly Customer Care representative
   - Live representatives are available to take your call Monday-Friday from 8am – 7pm EST
   - Your call may be transferred directly to Medical Underwriting if additional details regarding your application are required

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Medical Underwriting FAQs

1. **What is Medical Underwriting?**

   As it pertains to Life and Disability insurance, Medical Underwriting includes the process of analyzing and determining the degree of risk represented by a proposed insured. This includes reviewing confidential medical reports, comparing them against underwriting guidelines and making sound underwriting decisions based on those criteria.

2. **What Does Guaranteed Issue (GI) Coverage Mean?**

   The guaranteed issue amount is the maximum amount of insurance that may be purchased without having to provide evidence of good health, otherwise known as Evidence of Insurability (EOI). This amount should be issued immediately. If you are a new employee, this is offered within 31 days of eligibility or during an approved enrollment period.

3. **What Applicants require Medical Underwriting?**

   Applicants who are late enrollers (outside an open enrollment period or after 31 days following eligibility); request more than the guaranteed issue (GI) amount; or increase existing coverage require medical underwriting. In these situations, the employer should immediately forward the application to Reliance Standard to determine if the requested coverage will be approved.

   Any applicants that fall within guaranteed issue guidelines should not be forwarded to Reliance Standard. These applications should be maintained by the employer and payroll deductions should commence in line with the requested coverage amount.

4. **What is an Omission?**

   An omission is critical information that is missing from the application. This is the most common cause of delays; the medical underwriting process will be suspended until this information is provided.
   Examples of common employee omissions are:

   - Response to Actively at Work question
   - Date of Hire
   - Salary
   - Coverage Amount
   - Height and Weight
   - Missing Signatures and Dates
   - Incomplete Medical Questions (diagnosis, date, treating physician)

5. **How will the Applicant be informed?**

   All communications regarding applicant omissions and requests for information will be made to the applicant through DocuSign.

   Notification of approvals and declinations will be in letter format.

6. **What is a Medical Underwriting EOI report?**

   This report is designed to provide our customers with the status, coverage amount and approved date of coverage so they can effectively manage payroll deductions. The report also indicates those coverage requests that are closed or currently pending. No payroll deductions should be taken until an "approved" status is shown on the Medical Underwriting EOI report.

7. **Why is an Application Pending or Closed?**

   Common reasons for a pending status include: outstanding medical requests, non-response from the applicant, and evaluation by Medical Underwriting.

   Common reasons for a closed status include: non response from an applicant after 60 days from the first request, denial of coverage after underwriting review, and voluntary withdrawal from the process by the applicant.

   Due to our privacy policy, we are not able to provide the employer with additional details regarding the type of medical requirements ordered and a reason for closure or denial.

8. **What is an Attending Physician's Statement (APS)?**

   An attending physician's statement (APS) is a request for medical records from the applicant's primary care physician, treating specialist or medical facility.

   The basic component of an APS request is a letter from Reliance Standard sent to the Physician/Medical Facility along with an authorization.

9. **When is Coverage effective?**

   Coverage is effective based on the individual effective date provision contained within the group policy. The effective date can be one of two; "The Date approved" or "First of the month following approval."

10. **What Protects my Employees' Personal Information?**

   Several state and federal laws and regulations govern how insurance companies must handle personal information about individuals who are applying for or covered by insurance. These include the Insurance Information and Privacy Protection Model Act, adopted by the National Association of Insurance Commissioners over 20 years ago and subsequently enacted in many states. They also include the Privacy of Consumer Financial and Health Information Model Regulation, adopted by the NAIC in 2000 in response to the federal law known as Gramm-Leach-Bliley ("GLB"); the requirements of this regulation are in place in all states. These laws and regulations require that insurance companies maintain the confidentiality of personal health and financial information about applicants and insureds. Insurers are prohibited from disclosing this information to third parties without the authorization of the applicant or insured except in very limited circumstances which are set forth in the laws.

   The federal law known as the Health Insurance Portability and Accountability Act ("HIPAA") addresses confidentiality of personal information in connection with medical insurance plans but does not apply to life, accident and disability products.

11. How to handle employee elections and approved coverage based on billing type.

Self-Administration

Self-Administration enrollment processing is defined as the practice where the employer or third party retains responsibility for day-to-day program administration such as: self-billing, eligibility verification, beneficiary designation, screening and submitting applications over guaranteed issue. The employer maintains records outside the Reliance Standard billing/admin system, and employee level information and premium payment are validated upon claim as part of the adjudication process.

The Reliance Standard Policyholder Administrator's Guide outlines the roles and responsibilities:

- Reliance Standard does not track enrollment of new employees who are within the Guaranteed Issue (GI). These remain the responsibility of the employer.
- Reliance Standard will medically underwrite those over GI and late entrants, making a final decision as to whether an applicant is approved or declined for coverage.
- Products which may require medical underwriting are Group Basic Life, Group Supplemental Life, Voluntary Group Term Life, Dependent Life (Spouse), Voluntary Long Term Disability, Voluntary Short Term Disability and Voluntary Critical Illness.

List Bill

List Bill enrollment processing is defined as the practice where the employer is responsible for day to day program administration such as: eligibility verification, beneficiary designation, updating the Reliance Standard Billing system with applicants eligible for guaranteed issue, screening and submitting applications over the guaranteed issue. The employer maintains employee level coverage and premium payment records through the Reliance Standard billing/admin system.

The Policyholder Administrator's Guide outlines the roles and responsibilities:

- Policyholder determines if employees are eligible to enroll for coverage (subject to final determination by Reliance Standard)
- Enrolling newly eligible employees into the plan
- Reliance Standard will medically underwrite those over GI and late entrants, making a final decision as to whether an applicant is approved or declined for coverage.