

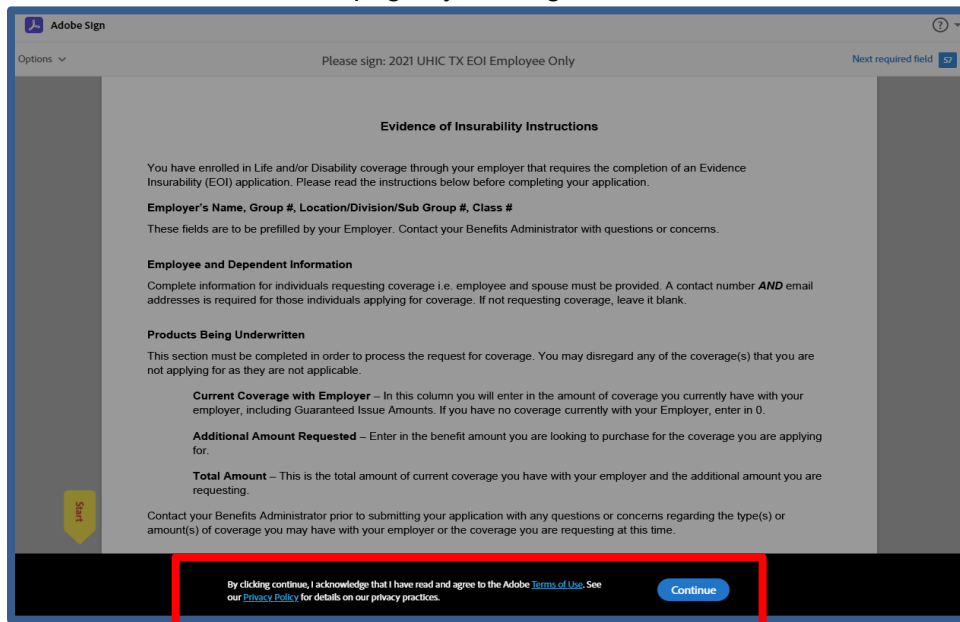
## Adobe Sign Process for Completing the UHC Evidence of Insurability Form (11/24/2021)

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.

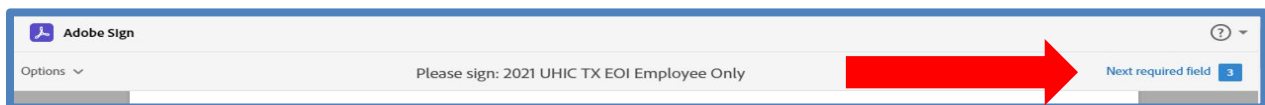
### How to Complete the UHC EOI Using Adobe Sign

**Step 1:** Click on the EOI PDF link provided by your benefit administrator. This will bring you to the EOI form for you to complete.

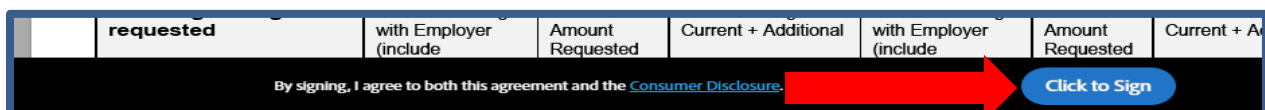
**Step 2:** To begin completing the form, you must acknowledge you have read and agree to the Adobe Terms of Use which can be found at the bottom of the page by clicking on **“Continue.”**



**Step 3:** Scroll to the second page of the EOI form to begin entering in your demographic information. 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 how many required fields are needed to be completed.



**Step 4:** Once all required fields have been completed, a message will display at the bottom of the page advising you to **“Click to Sign.”**



**Step 5:** 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**

**Step 6:** 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.**

Please confirm your signature on 2021 UHIC TX EOI Employee Only

**AS** Adobe Sign <echosign@echosign.com>  
Your email address

Thank you for signing 2021 UHIC TX EOI Employee Only. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your signature and other form participants have fulfilled their roles, all parties will be notified.

Once you have confirmed your email address, you will receive an email from Optum eSignature with a link to your completed EOI form.

You signed: "2021 UHIC TX EOI Employee Only"

**OE** Optum eSignature <echosign@echosign.com>  
To: EOI\_Underwriting  
Your email address

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

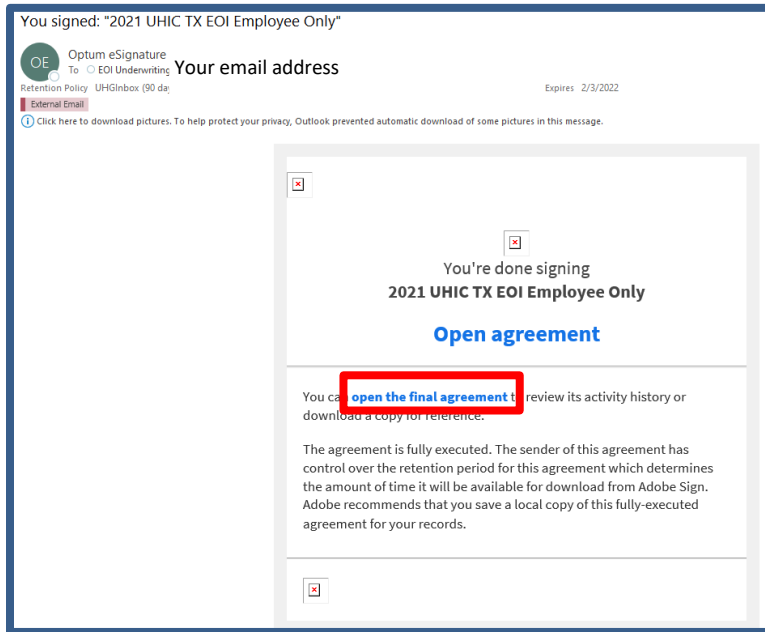
You're done signing  
2021 UHIC TX EOI Employee Only  
[Open agreement](#)

You can [open the final agreement](#) to review its activity history or download a copy for reference.

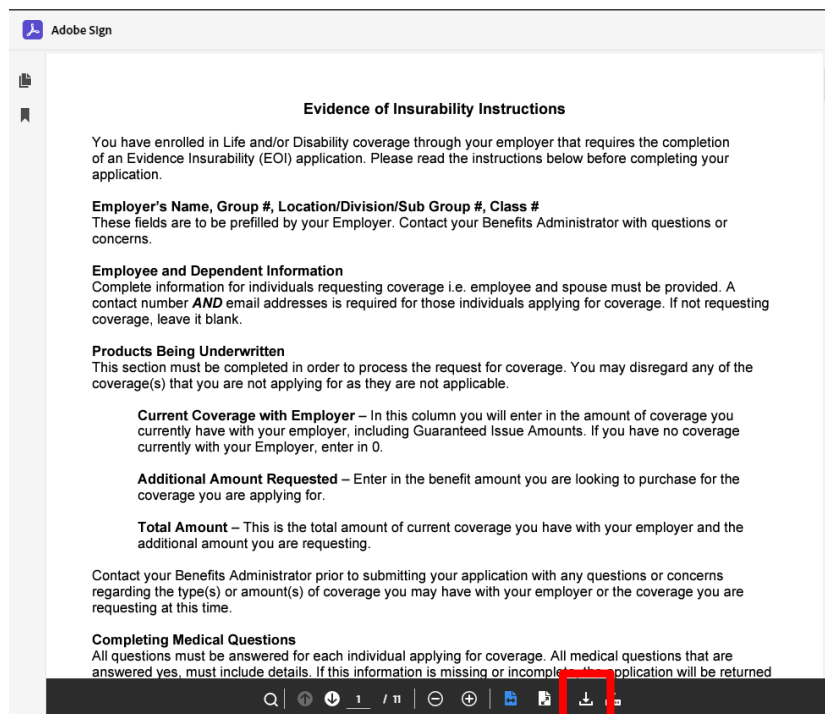
The agreement is fully executed. The sender of this agreement has control over the retention period for this agreement which determines the amount of time it will be available for download from Adobe Sign. Adobe recommends that you save a local copy of this fully-executed agreement for your records.

## How to Print off Your Completed EOI Form

You can print off a copy of your completed EOI form by clicking on the link “**open the final agreement**” in the email from **Optum eSignature**.



A copy of your completed EOI form will display. Click on the download icon at the bottom of the page to download, save and print your copy.



## 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.”**

Adobe Sign

Options ▾ Please sign: 2021 UHC TX EOI Employee Only Next required field 57

### 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.

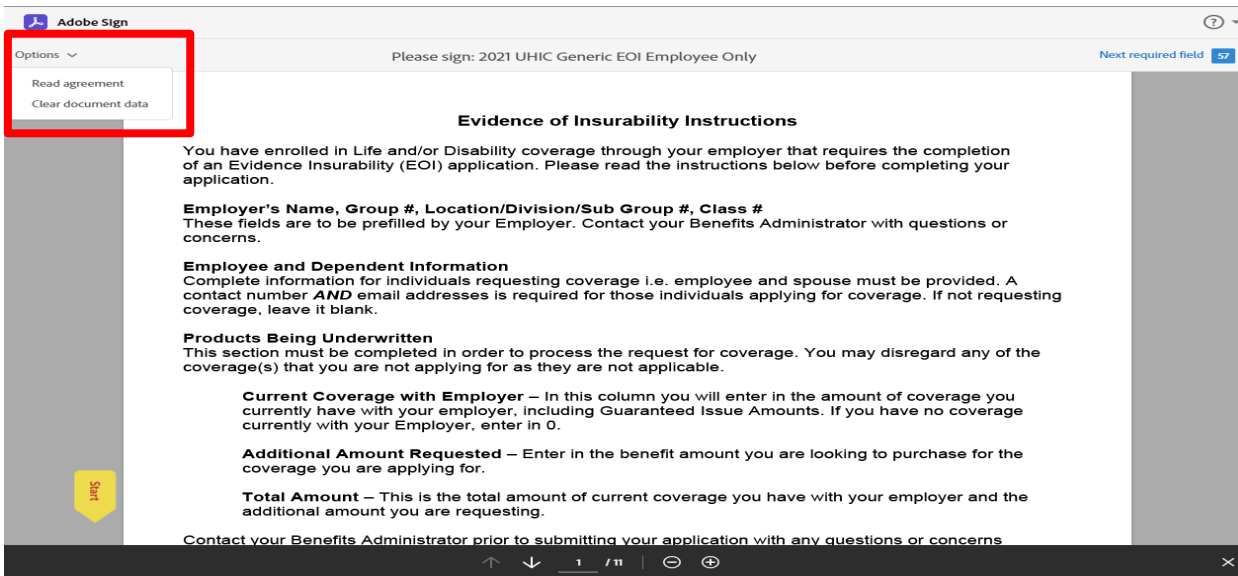
**Total Amount** – This is the total amount of current coverage you have with your employer and the additional amount you are requesting.

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.

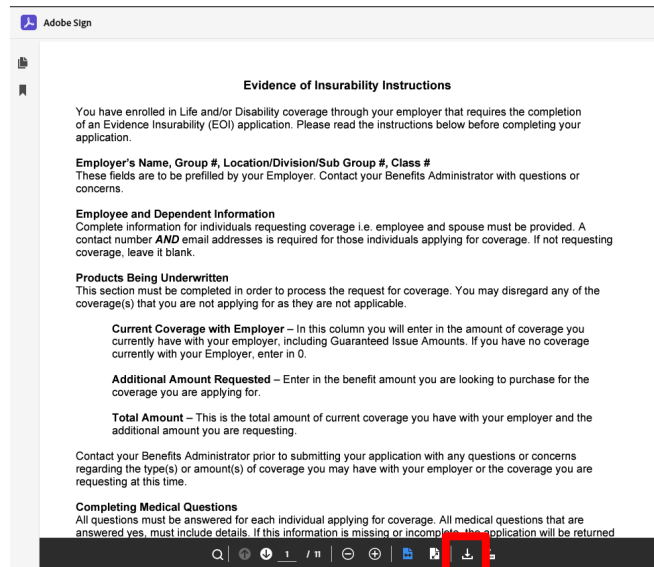
By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#), for details on our privacy practices.

Continue

**Step 3:** 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.



## 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:** [eo\\_i\\_underwriting@uhc.com](mailto:eo_i_underwriting@uhc.com)