FAQ's on How to Complete the Evidence of Insurability Application

Q: What security does DocuSign provide for information in DocuSign and information distributed by DocuSign?

A: All information passed through DocuSign is encrypted. It is encrypted at rest and in flight. In fact, DocuSign does not have any idea what is being passed in each document sent out. The only thing DocuSign knows is that the transaction happened.

To learn more please visit https://www.docusign.com/how-it-works/security

Q: How will my spouse complete the Evidence of Insurability (EOI) application?

A: Your spouse's portion of the application doesn't activate until you complete your portion of the application. Once you e-sign and click Finish, DocuSign will send an email in real time to the email address entered on the landing page for your spouse to complete their portion of the application.

Q: My spouse didn't get an email from DocuSign to review the document.

A: Check to see if the email went to the Spam or Junk folder and move it to the Inbox.

Q: Why am I required to complete the EOI application if this is for my spouse coverage?

A: DocuSign is set up for you to complete the application first because this coverage is provided by your employer who is a policyholder with RSL. You need to provide your demographic information so that RSL Medical Underwriting Department can review spouse eligibility for coverage.

- You are required to complete the following:
  1. Employee Information section on page 1
  2. Click Decline for your own coverage
  3. Respond "No" and "N/A" to all of the medical questions
  4. Scroll down to provide your e-signature
  5. Click Finish
  6. DocuSign will send an email for your spouse to complete their portion of the joint application

Q: What should I do if I want to finish the application later?

A: You (or your spouse) can click **Other Actions** on the right side of screen, and select **Finish Later** to save your application. DocuSign will send 1 reminder email to you (or your spouse) in real time.

Q: What information do I enter if I (or my spouse) don't have a primary physician right now?

A: You (or your spouse) must enter N/A in those fields.

Q: Can I attach a separate document with an explanation of my medical condition with the electronic application?

A: Yes, to provide additional information, you can click on the box next to the statement "If you need more space…" then click on the symbol that resembles a paperclip to attach a document.

Q: If DocuSign auto-populates a signature, how do I change my signature or adopt a custom signature?

A: To change the signature, use the left-click on the adopted signature in the EOI form and select the option to **Change**.

Q: Can I print the application and complete it by hand?

A: Yes, you can print the application. Once you complete the application, you can mail it to the address listed on pg.1 of the application or scan and email it to EOIapplications@rsli.com. Related to the previous question, with this option, you can attach a separate document with an explanation of your medical condition.

Q: Can I download the application and complete it as a fillable/interactive PDF?

A: No, once you download the application, you need to print it and complete it by hand.

*But you are not required to enter your SSN.

Q: What should I do if I need to make corrections after submitting the application?

A: Since the completed application is forwarded to the Medical Underwriting Dept. in real time, you should wait 2-3 business days and then call RSL Customer Care (1-800-351-7500) to:

1. Explain that you submitted your EOI application and need to make corrections, **and**
2. Customer Care will send a ticket so that your medical underwriter will contact you

Q: What should I do if I have questions about my application?

A: Since the completed application is forwarded to the Medical Underwriting Dept. in real time, you should wait 2-3 business days and then call RSL Customer Care (1-800-351-7500) to:

1. Explain that you submitted your EOI application and that you need to speak with a medical underwriter, **and**
2. Customer Care will send a ticket so that your medical underwriter will contact you

Reliance Standard Life Insurance Company
Enrollment and Statement of Health

Name of Employer Elon University			Location/Division	Bill Group 000001
Policy # and Class # GL1500002945 / 1	Policy # and Class # VPL2000039623 / 1, 2	Policy # and Class #	Policy # and Class #	Policy # and Class #

Application Type: ☐ Initial Eligibility/New Hire ☐ Late Applicant ☐ Other _____
☐ Increase ☐ Approved Annual Enrollment
☐ Change in Status: Nature of Change(s): _____

Date of Change: _____
If marriage, domestic partnership, divorce, dissolution of a partnership or birth of a child, please provide copy of document.

Employee/Member Information – Always Complete

Submit completed Enrollment and Statement of Health form to:
EOIApplications@rsli.com or

Reliance Standard
P.O. Box 7818
Philadelphia, PA 19101-7818

We do not accept faxed forms.

Name				Social Security Number/Employee ID	
Gender	Date of Birth	Age	State of Birth		Date of Hire
Address			City	State	Zip
Phone Number	Occupation		Annual Compensation	Hours Worked Per Week	
Email Address Example@rsli.com					

Are you actively performing all the duties of your occupation or profession? ☐ Yes ☐ No

If "No," explain: _____

Spouse Information – Complete Only If Applying for Spouse Coverage ("Spouse" includes domestic partner.)

Spouse Name	Gender	Date of Birth	Age	State of Birth
Address	City	State	Zip	

Coverage Elected and Amounts

Coverage	Enroll or Decline[1]	Current Amount	Increase or Decrease	Total Amount Applied For	Premium Amount
Group Term Supplemental Life Employee[2]	☐ Enroll ☐ Decline			$_____	See Premium Table
Group Term Life: Spouse[2,3]	☐ Enroll ☐ Decline			$_____	See Premium Table
Voluntary LTD: Employee[2]	☐ Enroll ☐ Decline			$_____per Month	See Premium Table

[1]"Enroll" authorizes employer to payroll deduct premiums.
[2]Statement of Health may be required.
[3]Coverage subject to election of employee coverage.

Employee/Member Name	Date of Birth

Health Questions

Answer all questions on this page for each person being underwritten for insurance. For any "Yes" answer, underline the condition and record details in the space provided on the next page. Failure to provide details of a condition will cause a delay in the review of your application.

	EMPLOYEE	SPOUSE
Enter height and weight.	Ht. __ft. ___in. Wt. _____ lbs	Ht. __ft. ___in. Wt. _____ lbs
1. In the past 10 years, have you or your spouse been treated for or diagnosed as having: heart, liver (hepatitis or biliary cirrhosis) or kidney disorder; an abnormal colonoscopy requiring follow-up; neurological disorder; diabetes; high blood pressure; thyroid disorder; stroke; transient ischemic attack (TIA); cancer and/or tumor malignant or benign; mental or nervous disorder; or been advised to have treatment for drug abuse (illegal or prescription drugs) or alcoholism?	☐ Yes ☐ No	☐ Yes ☐ No
2. In the past 10 years, have you or your spouse been diagnosed with or treated for: chronic pain; arthritis (lupus, rheumatoid or osteoarthritis); musculoskeletal (back, neck or muscle) condition; respiratory disorder including asthma, chronic obstructive pulmonary disease (COPD); cystic fibrosis or emphysema?	☐ Yes ☐ No	☐ Yes ☐ No
3. Have you or your spouse: (a) in the past year had: fever persisting more than one month; significant involuntary weight loss; diarrhea persisting more than one month; oral candidiasis (thrush); or lymphadenopathy (enlarged or swollen glands)? or (b) in the past 10 years ever tested positive or been treated for HIV (Human Immunodeficiency Virus) antibodies, AIDS or AIDS-related complex (ARC)?	☐ Yes ☐ No	☐ Yes ☐ No
4. In the past 10 years, have you or your spouse: (a) consulted with or been examined or treated by a physician, practitioner or specialist (include routine physicals only when there is an existing or newly diagnosed medical condition)? (b) been in a hospital or other facility for observation, diagnosis, treatment or an operation? or (c) been prescribed medication(s) (other than for colds, flu or allergies)?	☐ Yes ☐ No	☐ Yes ☐ No
5. Are you currently pregnant? In the past 10 years, have you or your spouse been diagnosed with: abnormal uterine bleeding; abnormal pap smear; abnormal mammogram requiring additional studies or with recommendation of breast biopsy?	☐ Yes ☐ No	☐ Yes ☐ No
6. In the past 10 years, have you or your spouse been diagnosed or treated for Alzheimer's Disease, dementia, Parkinson's or motor neuron diseases?	☐ Yes ☐ No	☐ Yes ☐ No

Employee/Member Name	Date of Birth

Employee/Member Primary Care Physician's Full Name	Office Phone Number
Address	
Spouse Primary Care Physician's Full Name	Office Phone Number
Address	

Details

Please provide all names used for medical records (if different than the names provided on this form):_____

_____

For each "Yes" response to a health question, please provide details below.

Question #	Illness or Nature of Injury	Date	Physician's Full Name and Address (if different than Primary)	Check One Employee or Spouse	
1					
2					
3					
4					
5					
6					

If you need more space, check here ☐. Complete, sign and date a separate sheet of paper and attach it to this page.

Read, Sign and Date Below

I understand and agree that:

- The information provided on this Enrollment and Statement of Health form is true and correct to the best of my knowledge.
- The insurance requested will become effective in accordance with the individual effective date information in the Policy; any amount subject to evidence of insurability will not become effective until approved by Reliance Standard and Reliance Standard has the right to refuse my request. Coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though an enrollment form has been completed. An effective date is subject to eligibility requirements, satisfaction of service waiting period (if applicable) and payment of first premium when due. An effective date may be deferred for an employee not actively at work and enrolled dependents confined to a hospital or at home.
- Benefits are subject to terms and conditions of the Policy.
- For age-banded rate plans, premiums increase as an employee (or spouse, if applicable) moves from one age band to the next.
- If payroll deduction of premiums begins prior to Reliance Standard's processing of the enrollment form, it does not mean coverage is in effect; premiums paid for coverage not issued will be returned.

I further understand and agree that if I am applying after the expiration of my initial eligibility period, all medical tests and costs for attending physician reports may be without expense to Reliance Standard Life Insurance Company and I may be responsible for paying the expenses, if any.

I acknowledge receipt of "Important Information Regarding Applications for Insurance" and "Notice Regarding Information Practices".

AUTHORIZATION: I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, organization, institution, person or the MIB, LLC. to release any information or record(s) on me or my health to be used in determining the acceptability of my application for insurance. I authorize any such information or record(s) to be released to Reliance Standard Life Insurance Company, its reinsurers or authorized representatives. I also authorize Reliance Standard or its reinsurers to make a brief report of my personal health information to the MIB. This authorization, or a photographic copy, shall be as binding as the original and valid for a period not exceeding twelve (12) months from this date. I understand that I (or my authorized representative) will be sent a copy of this Authorization upon request.

Please Note: During an approved enrollment, guaranteed issue amounts of insurance will not require a Statement of Health form provided the Enrollment form is complete, signed and received by your employer during your enrollment period and: a) you are not a late applicant with respect to insurance for yourself (and/or your spouse, if applicable); or b) during your present service with your employer or an affiliate, you (and/or your spouse, if applicable,) have not, with respect to insurance with Reliance Standard or an affiliate: had an application withdrawn; been previously declined; had coverage postponed; or voluntarily terminated; or c) the enrollment period is not one with specific guaranteed issue/health acceptability rules.

X _____ _____ Employee's/Member's Signature (required at all times) Date	X _____ _____ Spouse's Signature (required if spouse Statement of Health required) Date