

# How to Complete an Evidence of Insurability (EOI) Form

## Open Enrollment:

Example 1: You are currently enrolled in and approved for \$200,000 for Voya Supplemental Life, but during Open Enrollment you want to increase your coverage by \$300,000 for a total of \$500,000 in coverage.

### B. INSURANCE DETAILS (Complete this table based only on the coverage you have through this plan.)

Are you completing this form due to a Family Status Change (Marriage, Divorce, Birth, Adoption, etc.)?  Yes  No

Coverage Type	(A) Total Amount Desired	(B) Current Amount	(C) Guaranteed Issue Amount	(A) – (B) – (C) = Amount To Be Underwritten
<input checked="" type="checkbox"/> Employee Supplemental Life	\$ 500,000	\$ 200,000	\$	\$ 300,000
<input type="checkbox"/> Employee Short Term Disability				
<input type="checkbox"/> Employee Long Term Disability				
<input type="checkbox"/> Spouse Supplemental Life	\$	\$	\$	\$
<input type="checkbox"/> Children Supplemental Life (per child)	\$	\$	\$	\$

Example 2: You are not currently enrolled in any coverage but would like to enroll in Voya Supplemental Life Insurance for the first time for \$250,000 in coverage.

### B. INSURANCE DETAILS (Complete this table based only on the coverage you have through this plan.)

Are you completing this form due to a Family Status Change (Marriage, Divorce, Birth, Adoption, etc.)?  Yes  No

Coverage Type	(A) Total Amount Desired	(B) Current Amount	(C) Guaranteed Issue Amount	(A) – (B) – (C) = Amount To Be Underwritten
<input checked="" type="checkbox"/> Employee Supplemental Life	\$ 250,000	\$	\$	\$ 250,000
<input type="checkbox"/> Employee Short Term Disability				
<input type="checkbox"/> Employee Long Term Disability				
<input type="checkbox"/> Spouse Supplemental Life	\$	\$	\$	\$
<input type="checkbox"/> Children Supplemental Life (per child)	\$	\$	\$	\$

## New Hires

Example 3: You are a new hire enrolling within the first 31 days of your hire date and have a guaranteed issue of \$150,000, but you want a total of \$400,000 in coverage.

### B. INSURANCE DETAILS (Complete this table based only on the coverage you have through this plan.)

Are you completing this form due to a Family Status Change (Marriage, Divorce, Birth, Adoption, etc.)?  Yes  No

Coverage Type	(A) Total Amount Desired	(B) Current Amount	(C) Guaranteed Issue Amount	(A) – (B) – (C) = Amount To Be Underwritten
<input checked="" type="checkbox"/> Employee Supplemental Life	\$ 400,000	\$	\$ 150,000	\$ 250,000
<input type="checkbox"/> Employee Short Term Disability				
<input type="checkbox"/> Employee Long Term Disability				
<input type="checkbox"/> Spouse Supplemental Life	\$	\$	\$	\$
<input type="checkbox"/> Children Supplemental Life (per child)	\$	\$	\$	\$