

New Mexico Public Schools Insurance Authority

Frequently Asked Questions About Evidence of Insurability for Applicants

The following questions and answers will help guide you through the process of applying for group coverage with The Standard. This process should be used by members filing a late application, requesting an elective increase or coverage in excess of the guarantee issue amount.

What Is Evidence of Insurability?

Evidence of Insurability (EOI) is documented proof of good health. An applicant begins the EOI/medical underwriting process by submitting a Medical History Statement (MHS), which along with other information obtained during the underwriting evaluation is used by The Standard to make the underwriting determination.

When is Evidence of Insurability required?

EOI is required if you apply for coverage in excess of the guarantee-issue amount, apply more than 31 days after you and/or your spouse, if applicable become eligible, were not insured under the prior plan. Please contact your employer's Benefits Office or see the Evidence of Insurability portion of your Group Life Insurance Certificate by following this link:

http://www.standard.com/eforms/16927_645549.pdf

Where do I get the Medical History Statements?

You are encouraged to use The Standard's Electronic Evidence of Insurability system (EEOI), which allows you to submit your application electronically, directly and securely to The Standard.

Please follow this link to The Standard's Electronic Evidence of Insurability system for NMPSIA:

<https://www.standard.com/mybenefits/nmpsia/amu.html>

The information you are submitting through this site is protected by encryption technology to ensure your confidentiality. We restrict access to information about you to those employees who need to know that information to provide products or services to you. Please read our privacy policy for more details here: www.standard.com/eforms/9542.pdf

Paper Medical History Statements are also available, if preferred. You may access your MHS form through this link: https://www.standard.com/eforms/16119_645549.pdf. Upon completion, print, sign and mail the form to Erisa Administrative Services at: PO Box 9054 Santa Fe, NM 87504-9054.

What information do I need to get started?

To get the process started, you will first need to complete the Change Card form through this link: <http://nmopsia.com/PDFs/Change%20Card%202015-10-11.pdf> and return it to your employer's Benefits Office. Then, before you begin the electronic process of submitting EEOI, please have the following information available:

- Employee's employment details – date of hire and annual earnings
- Types and amounts of coverage you are requesting – Long Term Disability (employee only) or Additional Life insurance (employee and/or spouse)
- Coverage details – Life insurance amounts currently in force and Life insurance amounts requested by 1 times, 2 times or 3 times your annual contracted salary.
- Personal identification – Social Security Number, date of birth, place of birth, mailing address, etc.
- Medical conditions – diagnoses, types of treatment and dates for treatment
- Physicians or clinics – names, addresses and phone numbers

Once you have the required information, you are ready to begin the process.

If my spouse is also applying, will they need to submit separate Medical History Statement(s)?

Yes, if they are applying for coverage that is subject to EOI (please check with your benefits administrator if unsure). Your spouse should complete and sign his/her own MHS.

I can't remember the specific date(s) pertaining to my medical visits and/or the physician's information. How should I answer the question?

Answer to the best of your knowledge, providing as much detail as possible. We will contact you if we need more information.

Once I've submitted the electronic EOI form, how will I know The Standard received it?

You will receive a confirmation page at the end of the process that indicates we have received your information and form. If you do not receive this confirmation, you will receive an error message asking you to contact the Medical Underwriting department because of an error processing the application.

What can I expect from Medical Underwriting?

Once an application is reviewed, we will either approve, decline, or request more information. We may request additional information from you, copies of medical records from your physician, and/or a paramed exam. You will be advised by mail of any request, the process involved, and the date by which the information must be received. Our 800 number will be provided in the letter requesting information in the event you have any questions.

How long does the underwriting process take?

The busy annual enrollment season runs from November through March each year. The initial review may take 6-8 weeks during these months. For applications submitted April - October, you can expect a response in 3-4 weeks. Applications requiring additional information will be in addition to these times.

How will I know the decision?

You will receive a letter notifying you of the decision. In the event of a declination, you will be told the medical reason(s) for the decision, and be advised of the reconsideration process. The medical reason(s) for the declination will not be shared with anyone but you.

When is approved coverage effective?

Coverage becomes effective on the first day of the calendar month following the date you are approved for coverage. Premium deduction schedule should be confirmed with your employer's Benefits Office. Refer to your Group Life Insurance Certificate by following this link: http://www.standard.com/eforms/16927_645549.pdf or contact your employer's Benefits Office for the specifics of your policy.

If my application is declined, do you take my existing coverage away?

No. If some amount of coverage is already in force through a guarantee issue provision or other means, any declination decision will apply only to the portion of coverage that is actually subject to EOI.

What happens if you don't get the information you need to make a decision?

In this case, an application will be closed due to lack of information. You will be advised that the application is closed, but we also let you know that if the needed information is received in a reasonable timeframe, your application will be re-opened.

What do I do if I have a question regarding the status or decision on my application?

Call the Medical Underwriting Department at 800-843-7979. We are happy to discuss any questions you might have. If your application was declined and if there is any information you could provide that might lead to a favorable decision, we will let you know.