


<p>Office of Employee Benefits</p> <p>Administrative Manual</p> 	<p><b>EVIDENCE OF INSURABILITY PROCESS (EOI)</b></p>	<p><b>270</b></p>
	<p><b>INITIAL EFFECTIVE DATE:</b> September 1, 2003</p>	
	<p><b>LATEST REVISION DATE:</b> February 1, 2014</p>	
	<p><b>PURPOSE:</b> To provide guidelines for administering the Evidence of Insurability process when required to add or increase University of Texas Uniform Group Insurance Program coverage</p>	
	<p><b>SCOPE:</b> Employees, Retired Employees and Dependents of The University of Texas System</p>	
<p><b>STATUTORY AND ADMINISTRATIVE REFERENCES:</b> Texas Insurance Code, Chapter 1601</p>		

## 1.0 EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability (EOI) is an application process in which past and present health information of an applicant is provided to the Carrier in order to determine eligibility for insurance coverage. Applications are either approved or denied based on the information requested and received. Approval by the Carrier is not guaranteed.

## 2.0 WHEN EOI IS REQUIRED

EOI **is required** when an active Employee or Retired Employee applies to:

- 2.1 enroll in Short Term Disability or Long Term Disability coverage during Annual Enrollment (Retired Employees not eligible);
- 2.2 enroll in Voluntary Group Term Life coverage greater than three (3) times annual salary as a newly eligible Employee;
- 2.3 increase Voluntary Group Term Life coverage following a qualified Change in Status event;
- 2.4 increase Voluntary Group Term Life coverage during Annual Enrollment;

- 2.5 elect Spouse Voluntary Group Term Life coverage for an Employee's spouse greater than \$10,000 (i.e., the additional amounts of \$15,000 or \$40,000);
- 2.6 elect Spouse Voluntary Group Term Life coverage of \$3,000 for a Retired Employee's spouse (EOI is required if all requirements listed in Policy 230, Section 3.3 are not met);
- 2.7 re-enroll in Voluntary Group Term Life coverage following a break in coverage resulting from non-FMLA Leave Without Pay (Retired Employees not eligible); or
- 2.8 enroll the Employee or Retired Employee and any eligible Dependents in Long Term Care coverage.

### **3.0 WHEN EOI IS NOT REQUIRED**

EOI **is not required** when an active Employee or Retired Employee applies to:

- 3.1 enroll in or add Dependents to Medical coverage;
- 3.2 enroll in or add Dependents to dental and/or vision coverage;
- 3.3 enroll in Short Term or Long Term Disability or Voluntary Group Term Life coverage during the first 31 days of employment (Retired Employees not eligible);
- 3.4 enroll in Short-Term or Long-Term Disability within 31 days of a qualified change in status event (Retired Employees not eligible);
- 3.5 enroll in or add a Dependent for \$10,000 Voluntary Group Term Life coverage (Retired Employees not eligible);
- 3.6 add Spouse for \$3,000 Voluntary Group Term Life coverage if all requirements listed in Policy 230, Section 4.3 are met (applicable for Retired Employees only).
- 3.7 enroll in or increase Voluntary Accidental Death and Dismemberment coverage (Retired Employees not eligible);
- 3.8 enroll in Voluntary Group Term Life and Voluntary Dependent Group Term Life coverage if the Employee was enrolled in an alternative UT System health institution life plan which is no longer available to the Employee, there is no break in coverage, and the person is not increasing the amount of coverage (see Policy 210 for more information);
- 3.9 re-enroll in Voluntary Group Term Life coverage following a break in coverage resulting from FMLA Leave Without Pay (Retired Employees not eligible); or
- 3.10 re-enroll in Voluntary Group Term Life coverage following a break in coverage resulting from non-FMLA Leave Without Pay if the Employee elects to hold coverage in abeyance during the leave without pay period (Retired Employees not eligible).

## 4.0 EOI PROCESS FOR COVERAGE

### 4.1 Completion and Submission of EOI application

An applicant must complete the appropriate EOI application within 31 days of a qualifying Status Change event (see Policy 310 in this Administrative Manual for more information) or within the designated submission period associated with Annual Enrollment. During Annual Enrollment, the *My UT Benefits* online system will notify the Employee if EOI is required to enroll in or increase a coverage. During the plan year following a qualified Status Change, the employing institution Benefits Office should assist the applicant in determining if EOI is required for certain changes and communicate to the applicant the timeframe in which the application must be completed.

Except as noted below for Long Term Care coverage, the applicant can obtain an EOI application from the *My UT Benefits* website during Annual Enrollment or from their institution Benefits Office during the plan year. During Annual Enrollment, EOI applications for life and disability coverage may be completed using *My UT Benefits* and submitted electronically directly to the Carrier. During the plan year the applicant should complete a paper EOI application form and mail to the Carrier.

Note: The EOI application for Long Term Care (LTC) must be completed manually and mailed to the LTC Carrier during Annual Enrollment and during the plan year following a qualified status change.

Once the EOI application is submitted, the Carrier may request that the applicant undergo a medical exam or lab tests or submit additional records. If additional information is requested, the applicant should understand that applications are held open for review for only a limited time and that the applicant must comply with such requests. The applicant can obtain information on the status of an application from the Carrier.

**IMPORTANT: The applicant should understand that incomplete EOI applications have a significant impact on the Carrier's review process. Carriers have the right to return all incomplete EOI applications to the applicant for completion. The applicant will be notified in writing if their application is closed due to requested medical information not being submitted within the required time period or if the applicant voluntarily withdraws their application.**

### 4.2 Applicant EOI Result Notification

Approval or declination of an EOI application is communicated to the applicant in the following manner:

#### 4.2.1 Voluntary Group Term Life

The Life Insurance Carrier sends the applicant a letter upon finalization of an EOI application review. The letter will indicate whether the application is approved or denied.

#### **4.2.2 Short Term Disability and Long Term Disability**

The STD and LTD Carrier sends the applicant a letter upon finalization of an EOI application review. The letter will indicate whether the application is approved or denied.

#### **4.2.3 Long Term Care**

The Long Term Care Carrier sends the applicant a letter upon finalization of an EOI application review. The letter will indicate whether the application is approved or denied.

### **4.3 U.T. Institution Benefits Office EOI Result Notification**

#### **4.3.1 Voluntary Group Term Life**

The Carrier sends a weekly electronic report of EOI approvals and denials to the OEB server. The designated contact within the institution Benefits Office is responsible for checking the report on the server. The report also includes indicators for files pending for additional information or of those closed for lack of response by the applicant.

The Carrier sends the applicant a letter for approval, denial, incomplete and withdrawal decisions. The institution Benefits Office also receives a copy of these notification letters.

#### **4.3.2 Short Term Disability and Long Term Disability**

The Carrier sends a weekly electronic report of EOI approvals and denials to the OEB secured server. The designated contact within the institution Benefits Office is responsible for checking the report on the secured server. The report also includes indicators for files pending for additional information or of those closed for lack of response by the applicant.

The Carrier sends the applicant a letter for approval, denial, incomplete and withdrawal decisions. The institution Benefits Office also receives a copy of these notification letters.

#### **4.3.3 Long Term Care**

The Long Term Care Carrier sends the applicant a letter of approval or denial for LTC upon finalization of an EOI application review. The Carrier sends the institution Benefits Office a generic denial letter exclusive of the applicant's medical history.

## **5.0 EFFECTIVE DATE OF EOI APPROVAL**

### **5.1 Annual Enrollment**

When an Employee completes an EOI application during the Annual Enrollment period, the effective date of coverage approved through the EOI process will be the next September 1, if the Carrier approves the EOI application prior to September 1.

If the Carrier approves the EOI application subsequent to September 1, the effective date of the new coverage will begin as described below in Section 5.2 of this policy.

### **5.2 Change of Status Event**

When an Employee completes an EOI application following a qualified Change in Status event during the plan year, the effective date of the new coverage will begin as follows:

- a) Voluntary Group Term Life coverage will become effective the date of the Carrier's approval. The increased premium will begin on the first of the month following the date of approval. Exception: If the date of approval is the first day of the month, the increased premium will begin on the first of the month in which the coverage is approved.
- b) Disability coverage will become effective the first of the month following the date of approval by the Carrier. The increased premium will begin on the effective date of coverage.
- c) Long Term Care coverage will become effective the first of the month following the date of approval by the Carrier. The increased premium will begin on the effective date of coverage.

## **6.0 APPEAL OF EOI DECISIONS**

### **6.1 Voluntary Group Term Life**

Denial letters will include detailed instructions on how to appeal the decision of the Life Insurance Carrier. Appeals should be forwarded by the applicant to the address indicated within the denial letter.

### **6.2 Short Term Disability and Long Term Disability**

Denial letters will include detailed instructions on how to appeal the decision of the STD and LTD Carrier. Appeals should be forwarded by the applicant to the address indicated within the denial letter.

### 6.3 Long Term Care

Denial letters will include detailed instructions on how to appeal the decision of the LTC Carrier. Appeals should be forwarded by the applicant to the address indicated within the denial letter.

## 7.0 QUESTIONS ABOUT EOI APPLICATIONS

Questions from institutions and applicants should be directed to the appropriate Carrier. If issues remain unresolved following discussions with the Carrier, please contact the UT System Office of Employee Benefits at 512-499-4616.

## 8.0 APPENDIX

The following EOI Application is available in the OEB *My UT Benefits* online system during Annual Enrollment each year and also at your institution Benefits Office during the plan year:

- Life and Disability EOI Application

The following Long Term Care (LTC) EOI Applications are available on the LTC Carrier's public website at: <https://www.ltcbenefits.com/uts> :

- Short-Form LTC Application for active Employees (other than new hires) and spouses of active Employees
- Long-Form LTC Application for Retirees and their spouses, and the adult children age 25 and older, parents, parents-in-law, grandparents, and grandparents-in-law of Employees