



## Electronic Statement of Health Checklist

This list outlines the information needed to complete your and/or your dependents' Statement of Health

- Access Code:** This is the code provided to you, when you were directed to this website. If you do not have this code, please contact your HR Representative.
  
- Employee information:**
  - Name, Address
  - Date of Birth
  - Social Security Number
  - Gender
  - Annual salary
  - Date of Hire
  - Phone number(s)
  - Email address
  
- Dependent information:**
  - Name
  - Date of Birth
  - Gender
  
- Which type of Enrollment Event? (Please consult your HR Representative if you are unsure):**
  - Annual Re-Enrollment: I am electing coverage during the annual enrollment period.
  - Newly Eligible: This is the first time I have been eligible for coverage.
  - Late Entrant: I did not apply when I was first eligible.
  - Status Change: There has been a change in my family status (marriage, birth, etc.).
  - Coverage Increase: I am electing a higher level of coverage.

If you have any questions, we have representatives available to assist you Monday through Friday, 8 a.m. to 8 p.m. Eastern Time, at 1-800-421-0344.

□ **Life Insurance benefit information for each applicant requiring underwriting (if applicable):**

- Amount of In-Force Coverage: This refers to the total value of your insurance policy that is currently active, providing coverage and you are paying premiums on.
- Total Requested Amount: Total amount of insurance you are requesting. This may be found with your enrollment information or has been provided to you by your HR Representative.

Examples:

- Employee with existing In-Force Coverage: Employee has \$100,000 of existing in-force coverage. They are requesting an additional \$50,000, bringing the Total Requested Amount to \$150,000.
- Late entrants: Employee is currently without any coverage and is requesting \$250,000. This makes the Total Requested Amount \$250,000, with \$0 in Amount of In-Force Coverage.

□ **Detailed medical information:**

- Height & weight (not required for children)
- Medical treatment dates
- Duration
- Treatment received
- Medications and dosage
- Names and addresses of physicians and hospitals