



Member Portal Interactive Guide

Evidence of Insurability on myuhcfp.com

ENTER

United
Healthcare

Members can submit and review Evidence of Insurability (EOI) online for their Life and Disability plans.

Click through the tabs above to see how members can:

- ✓ Access the mobile-compatible portal
- ✓ Submit an EOI application
- ✓ Resume a pending application
- ✓ Check EOI application status
- ✓ View EOI decision letters
- ✓ Contact us for additional support



Access the Financial Protection member portal

Click steps below for a demo.

Go to myuhcfp.com

Click Sign In (or register new user)

Enter One Healthcare ID

View the Homepage



Access the Financial Protection member portal

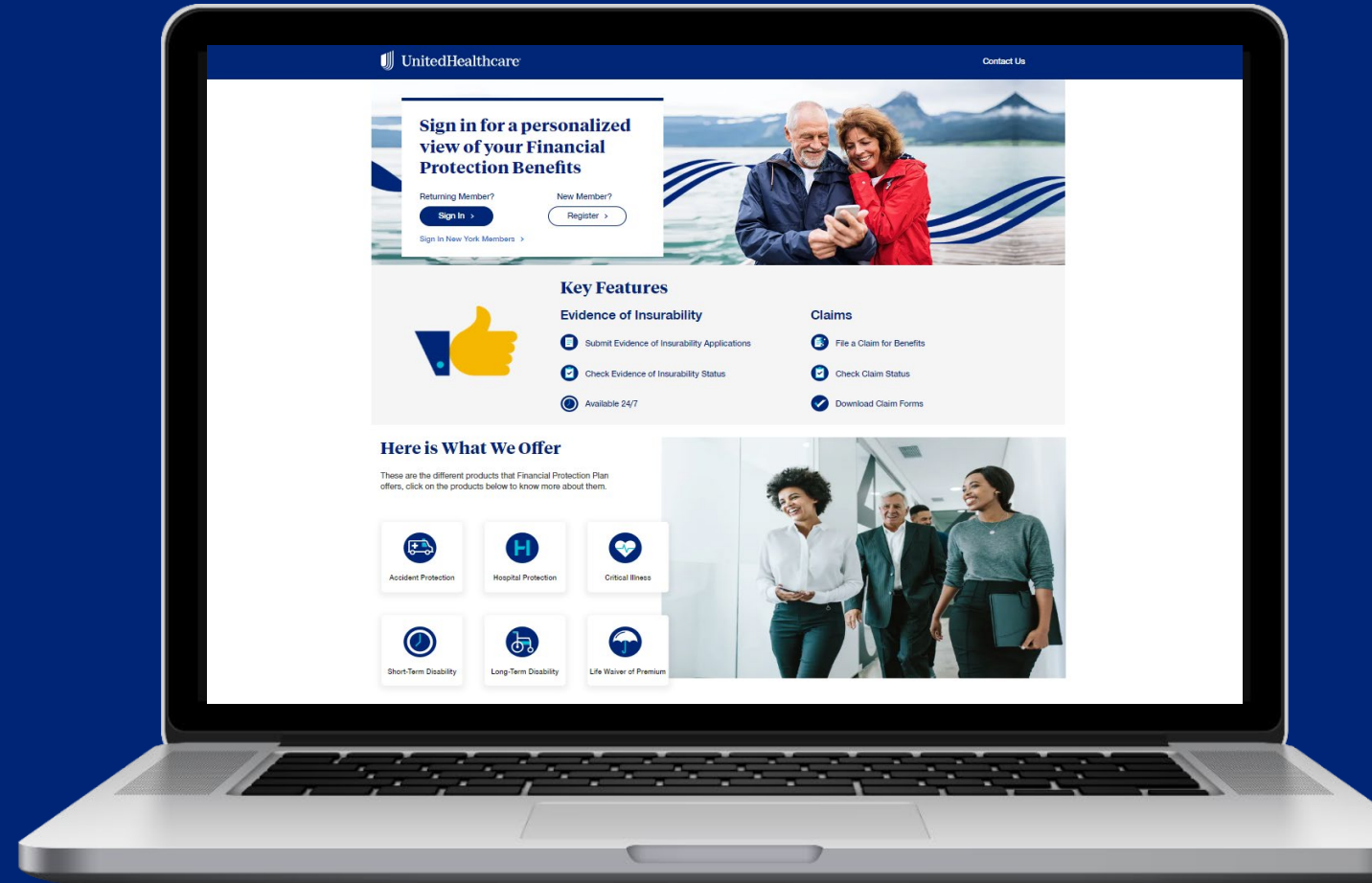
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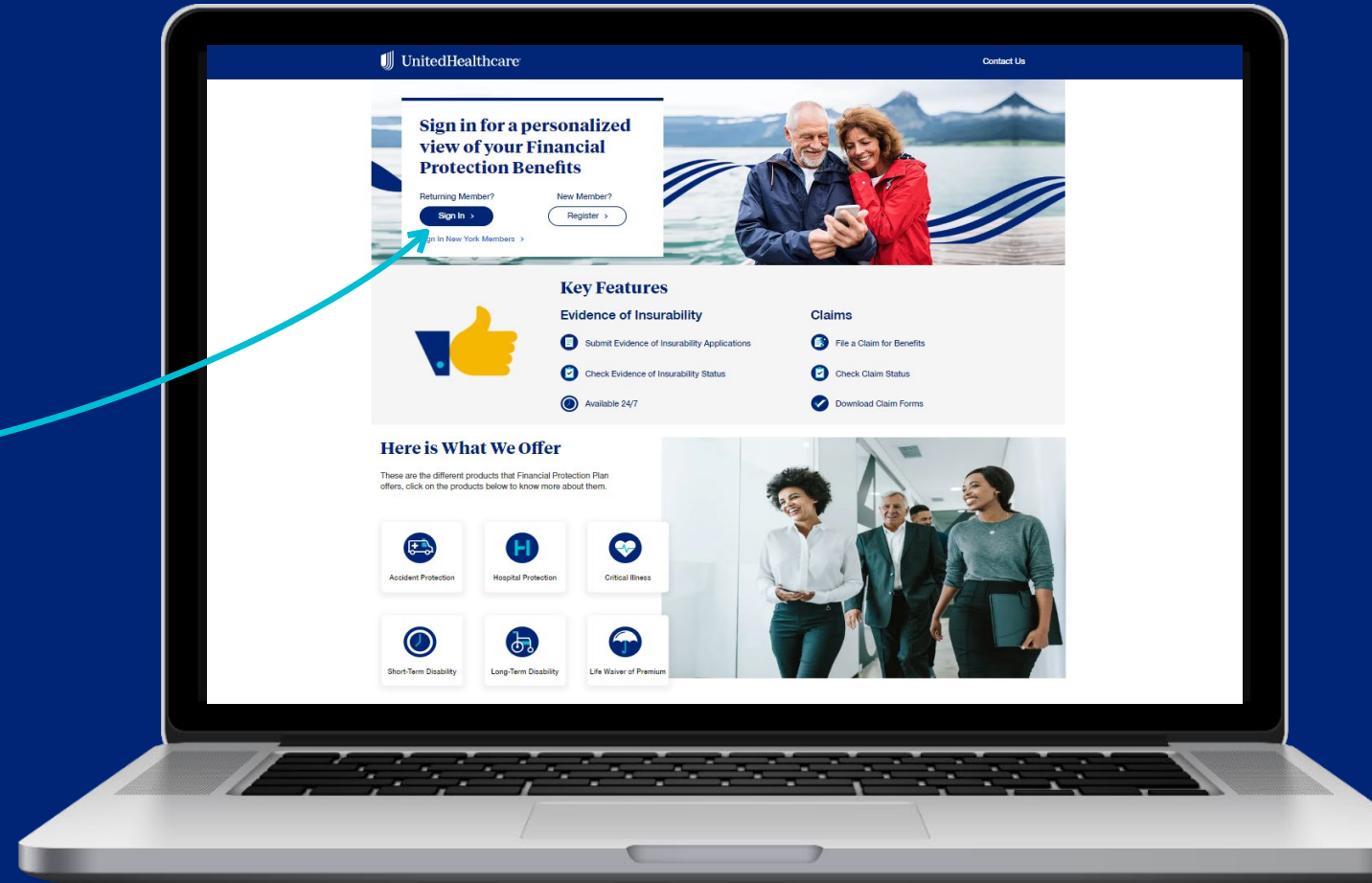
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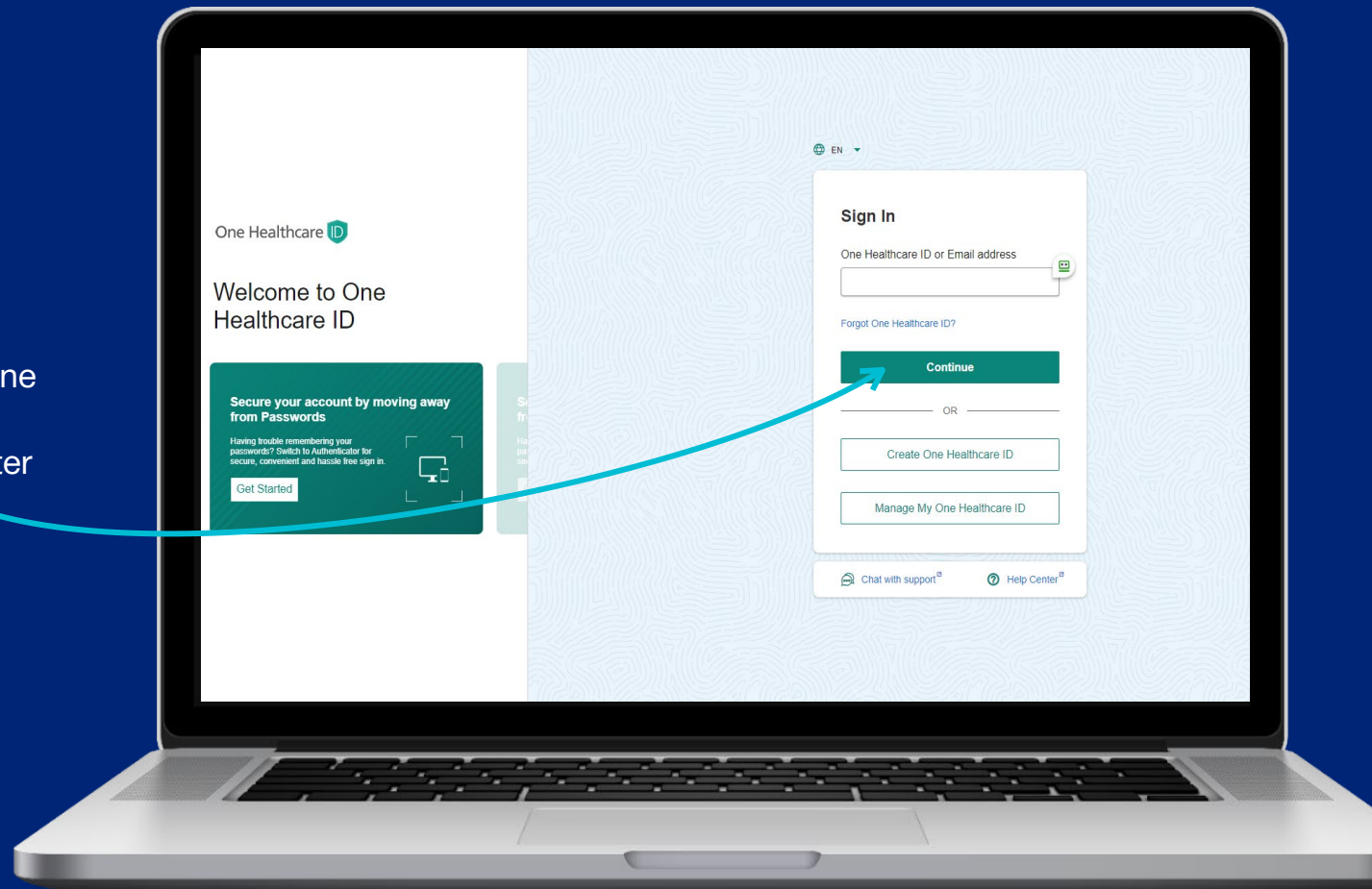
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Sign in using your One Healthcare ID and click Continue to enter your password.



Access the Financial Protection member portal

Click steps below for a demo.

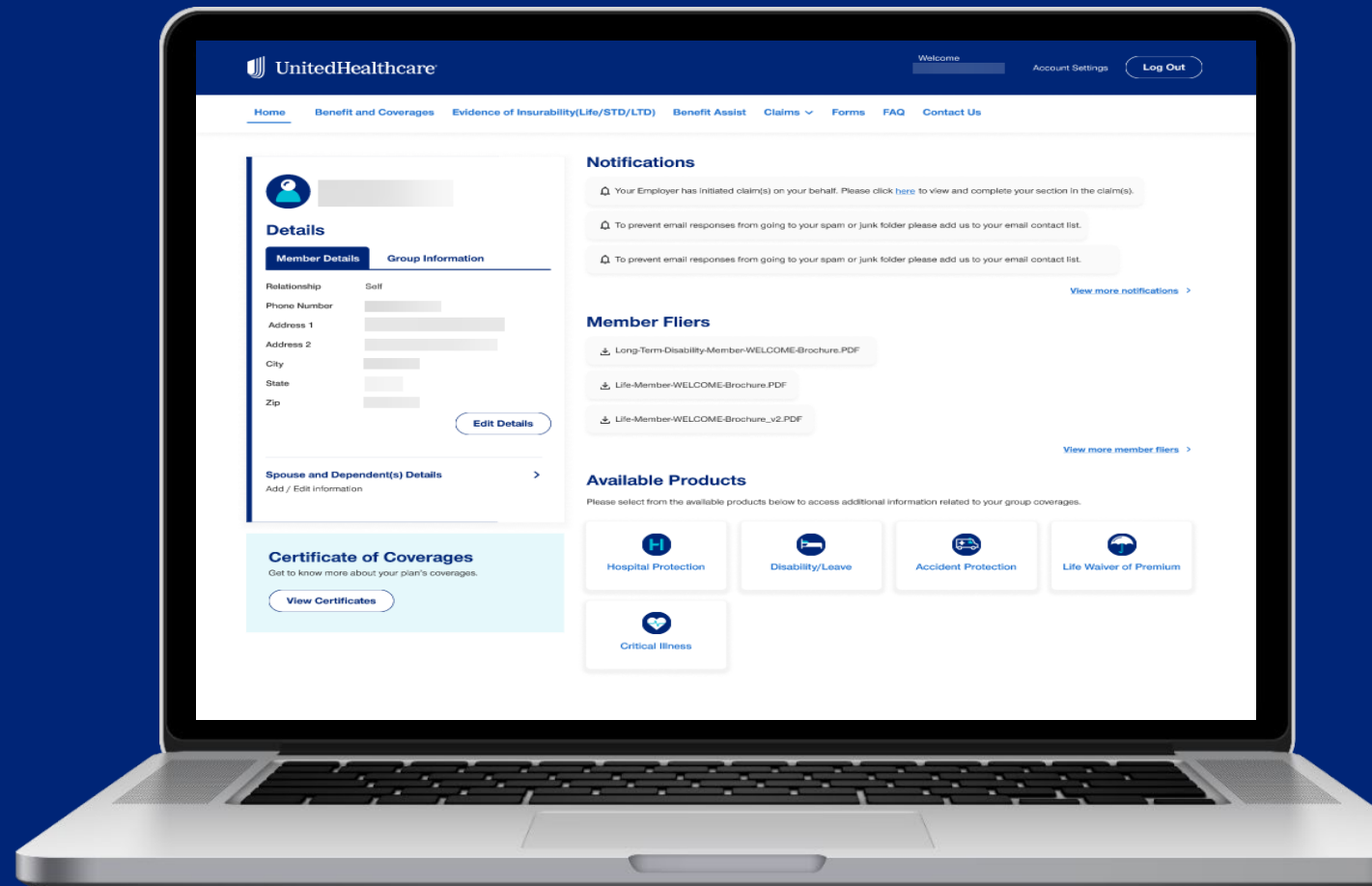
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Enter One Healthcare ID

View the Homepage

Access member details, group information, and navigate additional features.



Submit an Evidence of Insurability (EOI) application

Click steps below for a demo.

Go to Evidence of Insurability

Click Let's Get Started

Authorization

Applicant Details

Reason for Application

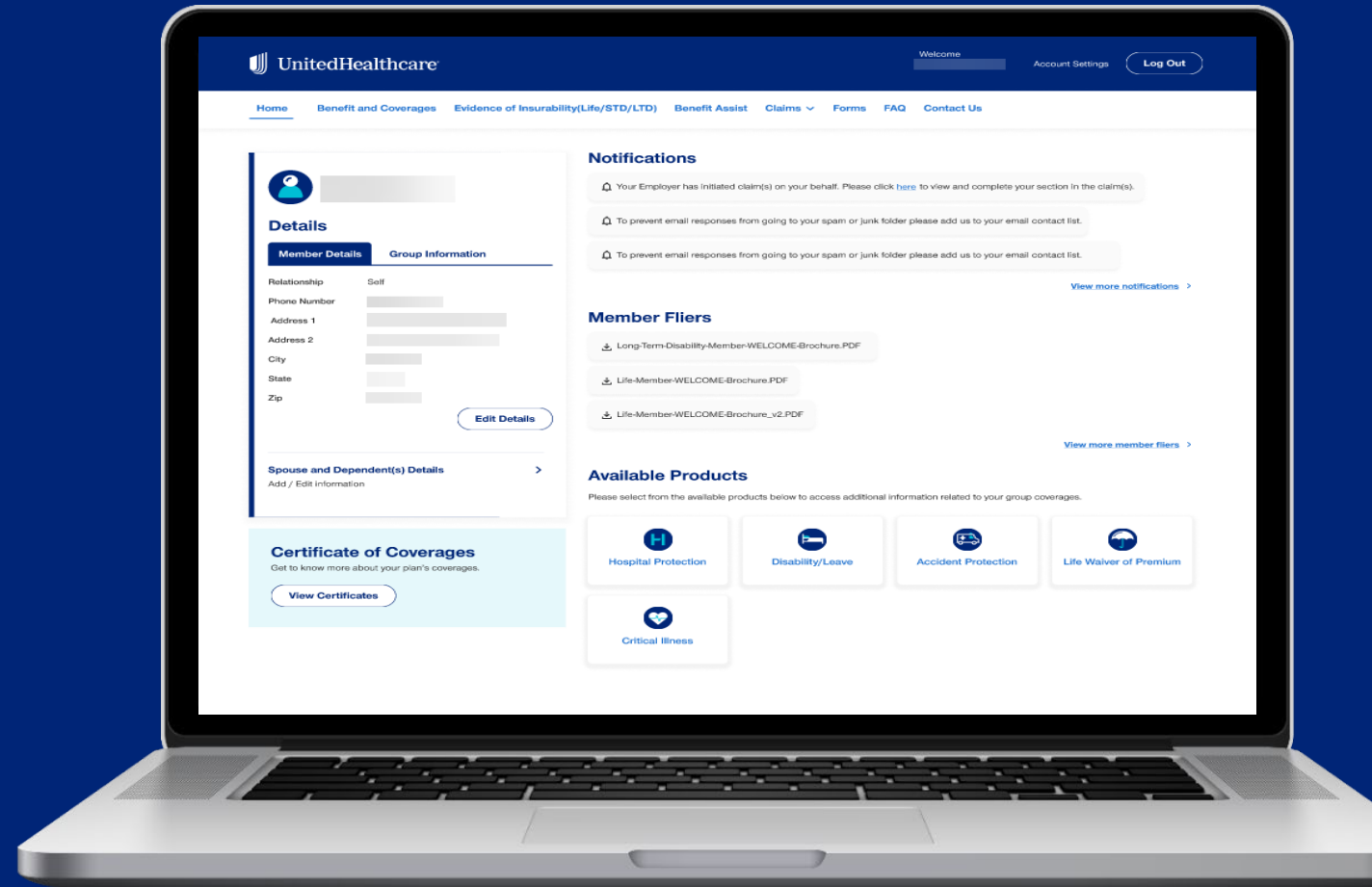
Coverage Requested

Health History

Review

Sign the Application

Submit



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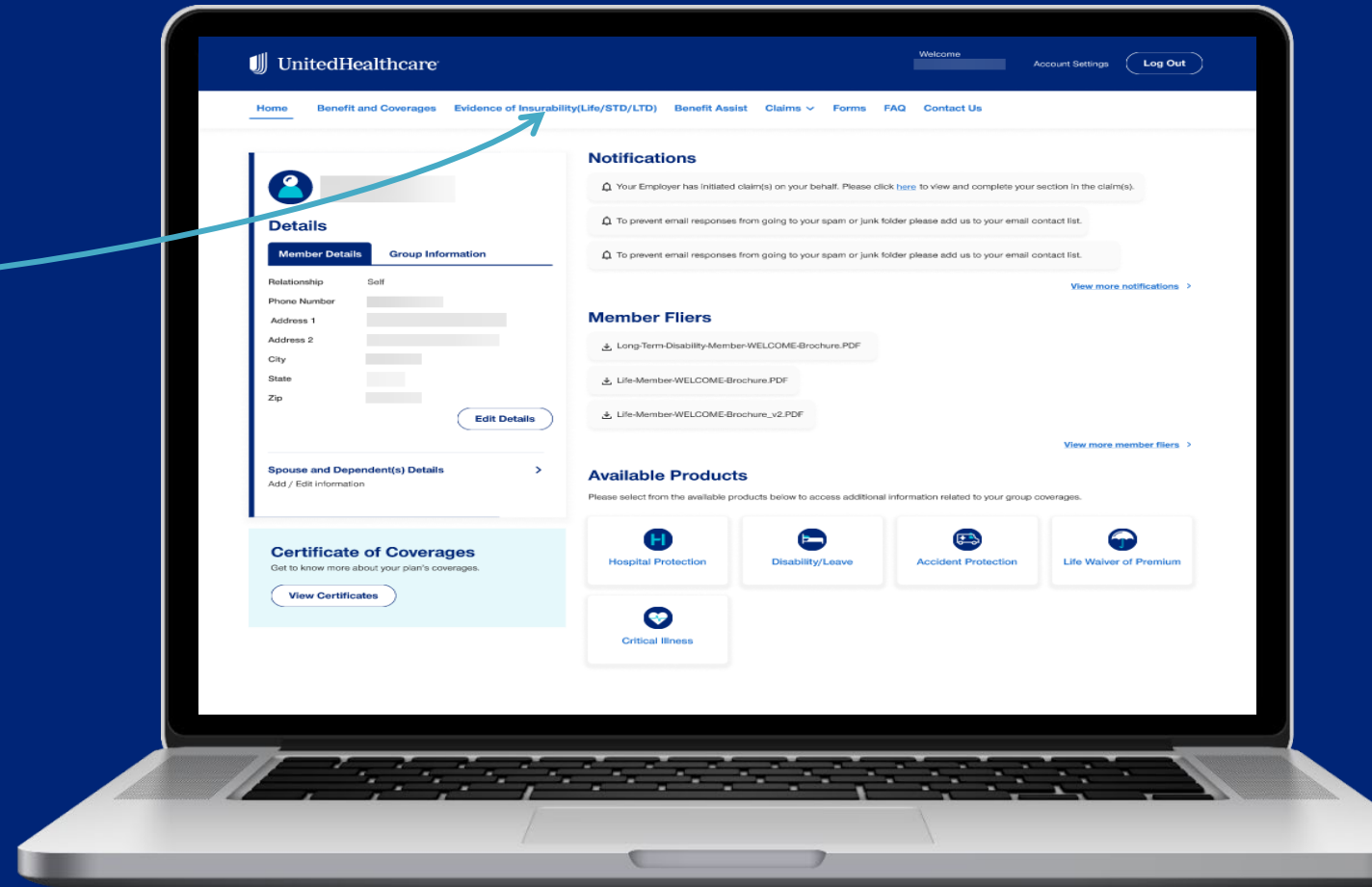
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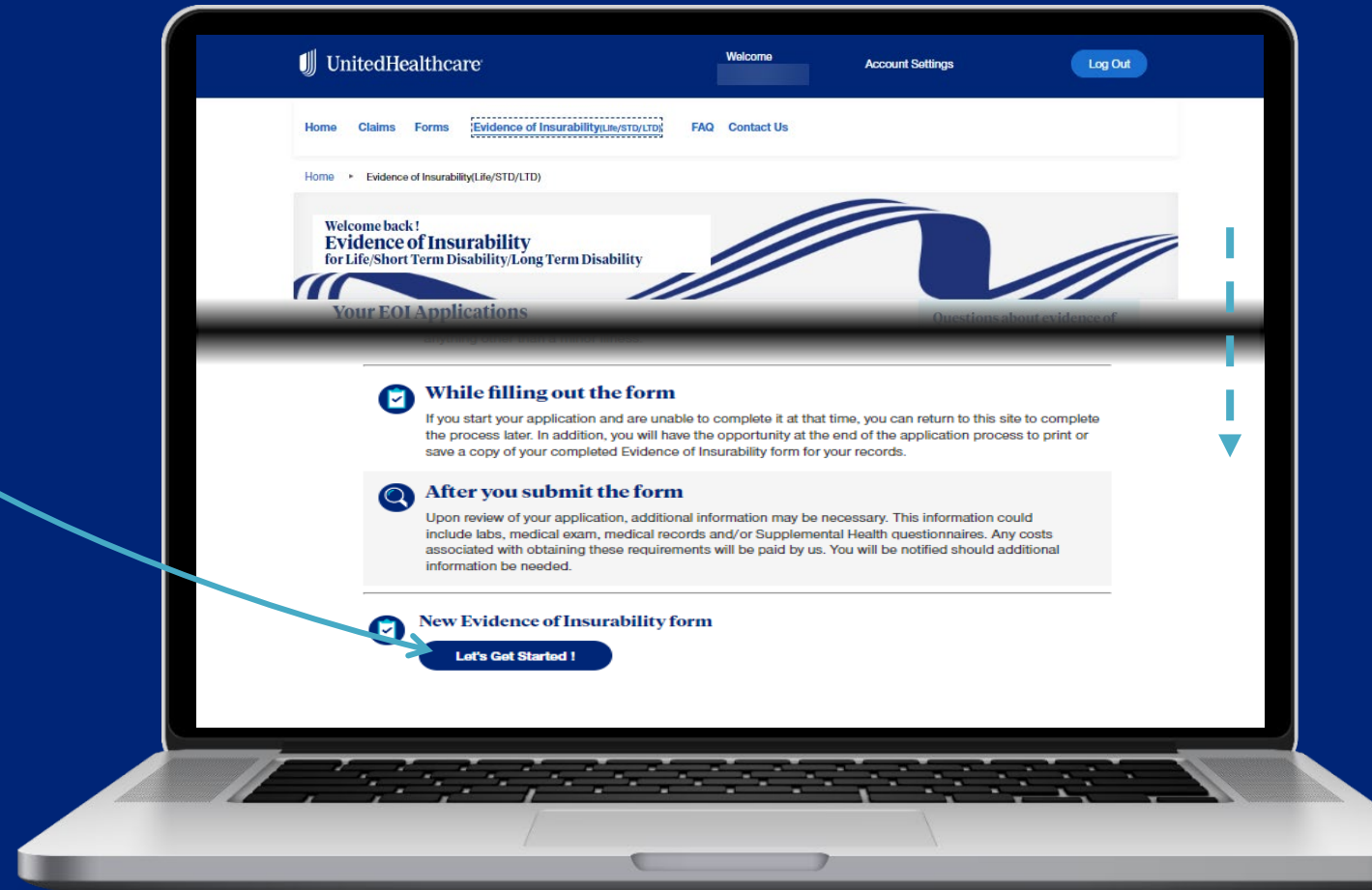
Health History

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Scroll to the bottom of the screen, then click Let's Get Started!



Submit an Evidence of Insurability (EOI) application

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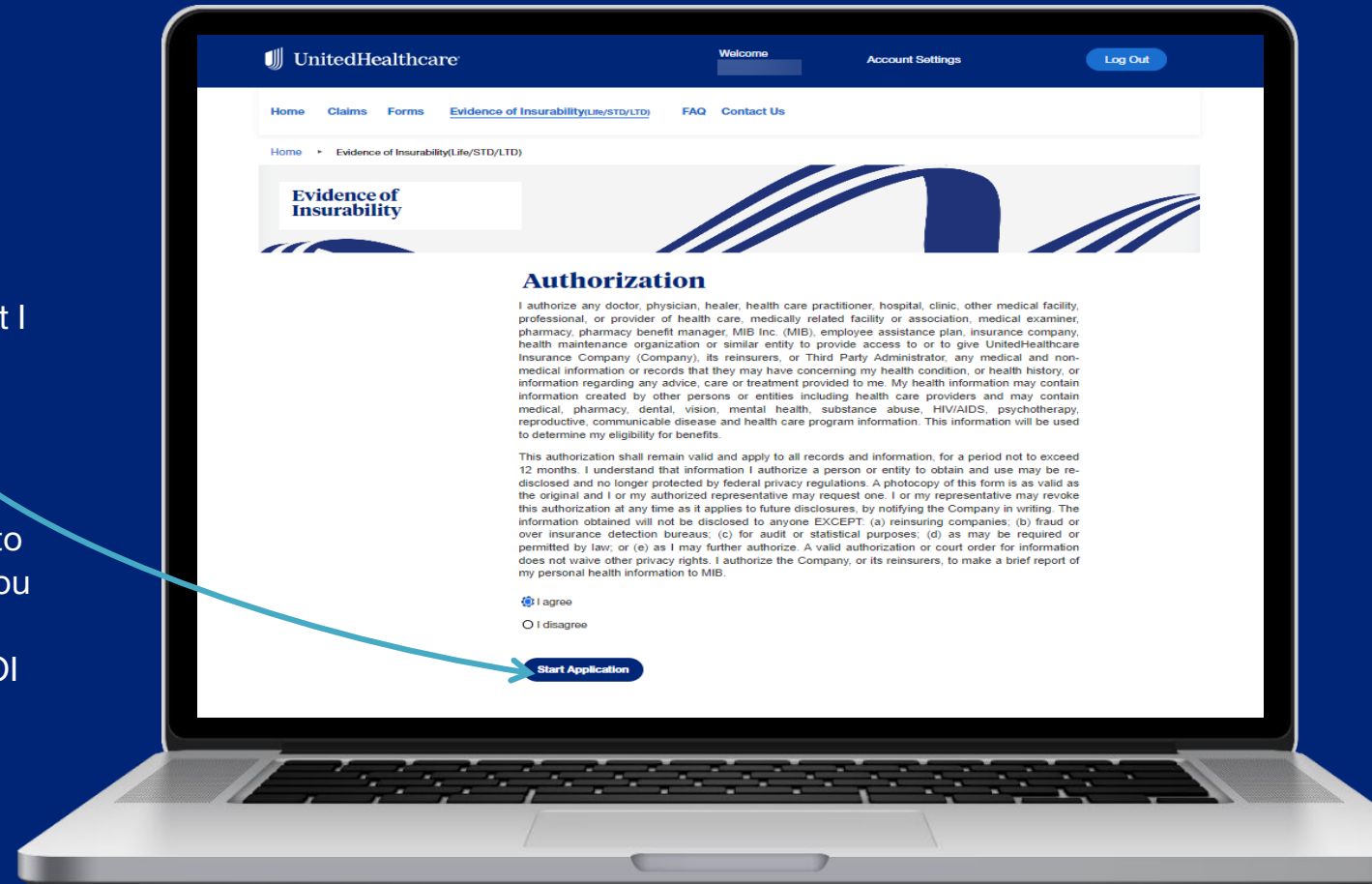
Review

Sign the Application

Submit

Read the Authorization, select I Agree if you agree, then click Start Application.

If you do not agree to the Authorization, you will be unable to proceed with the EOI application.



Submit an Evidence of Insurability (EOI) application

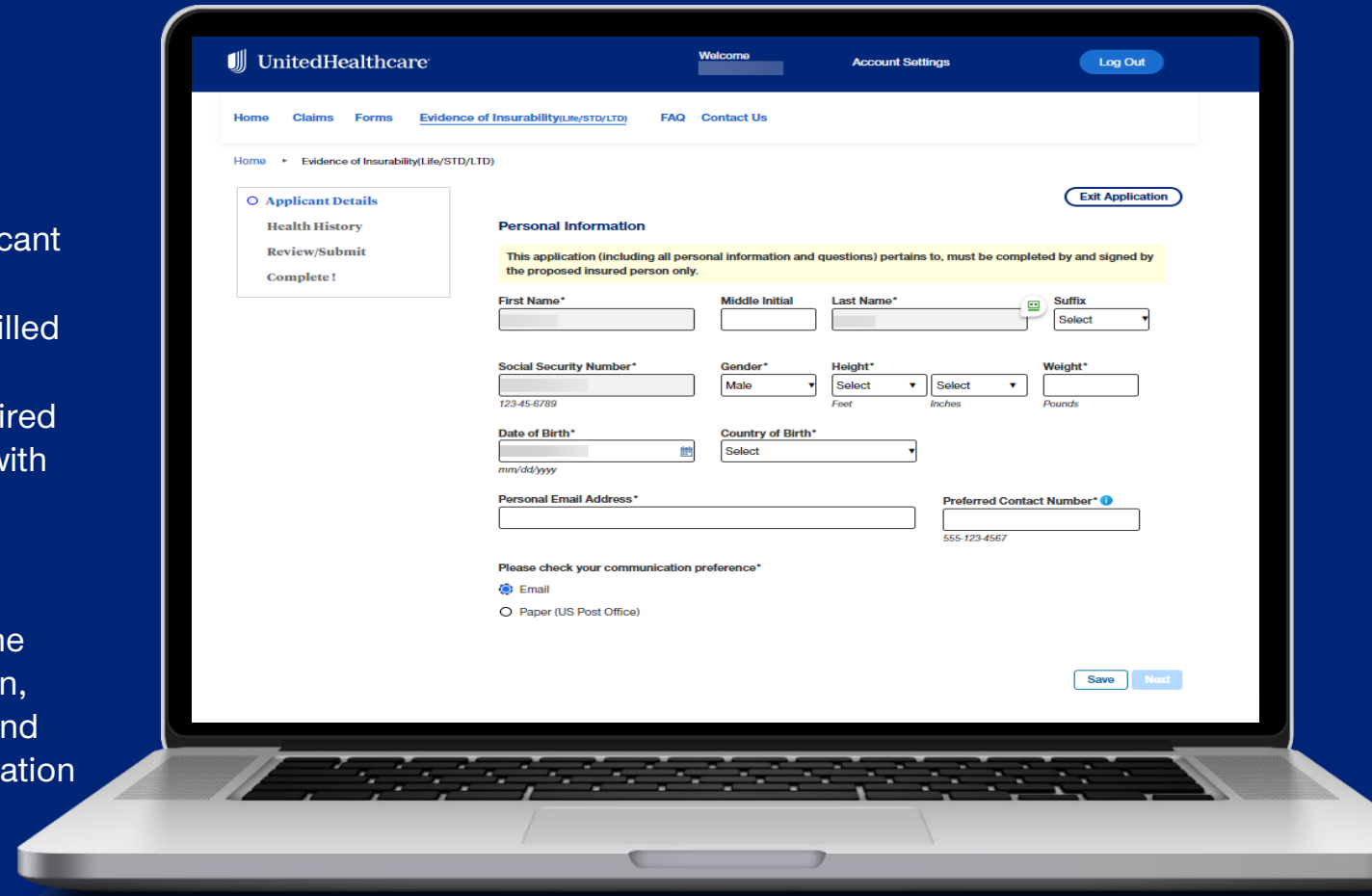
Click steps below for a demo.

[Go to Evidence of Insurability](#)
[Click Let's Get Started](#)
[Authorization](#)
[Applicant Details](#)
[Reason for Application](#)
[Coverage Requested](#)
[Health History](#)
[Review](#)
[Sign the Application](#)
[Submit](#)

Complete the Applicant Details sections.

1. Verify any pre-filled information
2. Complete required fields marked with an asterisk
3. Click Next*

Continue through the Personal Information, Physical Address, and Employment Information screens.



The screenshot shows the UnitedHealthcare website interface for the Evidence of Insurability (EOI) application. The top navigation bar includes links for Home, Claims, Forms, Evidence of Insurability(Life/STD/LTD), FAQ, and Contact Us. The main content area is titled "Evidence of Insurability(Life/STD/LTD)" and features a sidebar with "Applicant Details" (Health History, Review/Submit, Complete!) and a main section for "Personal Information". A yellow warning box states: "This application (including all personal information and questions) pertains to, must be completed by and signed by the proposed insured person only." The form fields include: First Name*, Middle Initial, Last Name*, Suffix (Select), Social Security Number* (123-45-6789), Gender* (Male), Height* (Select), Weight* (Select), Date of Birth* (mm/dd/yyyy), Country of Birth* (Select), Personal Email Address*, and Preferred Contact Number* (555-123-4567). At the bottom, there is a section for "Please check your communication preference*" with radio buttons for "Email" and "Paper (US Post Office)". "Save" and "Next" buttons are located at the bottom right.

* If you need to leave the application prior to the final review and submission steps, click Save and then Exit Application from any of the Applicant Details screens.

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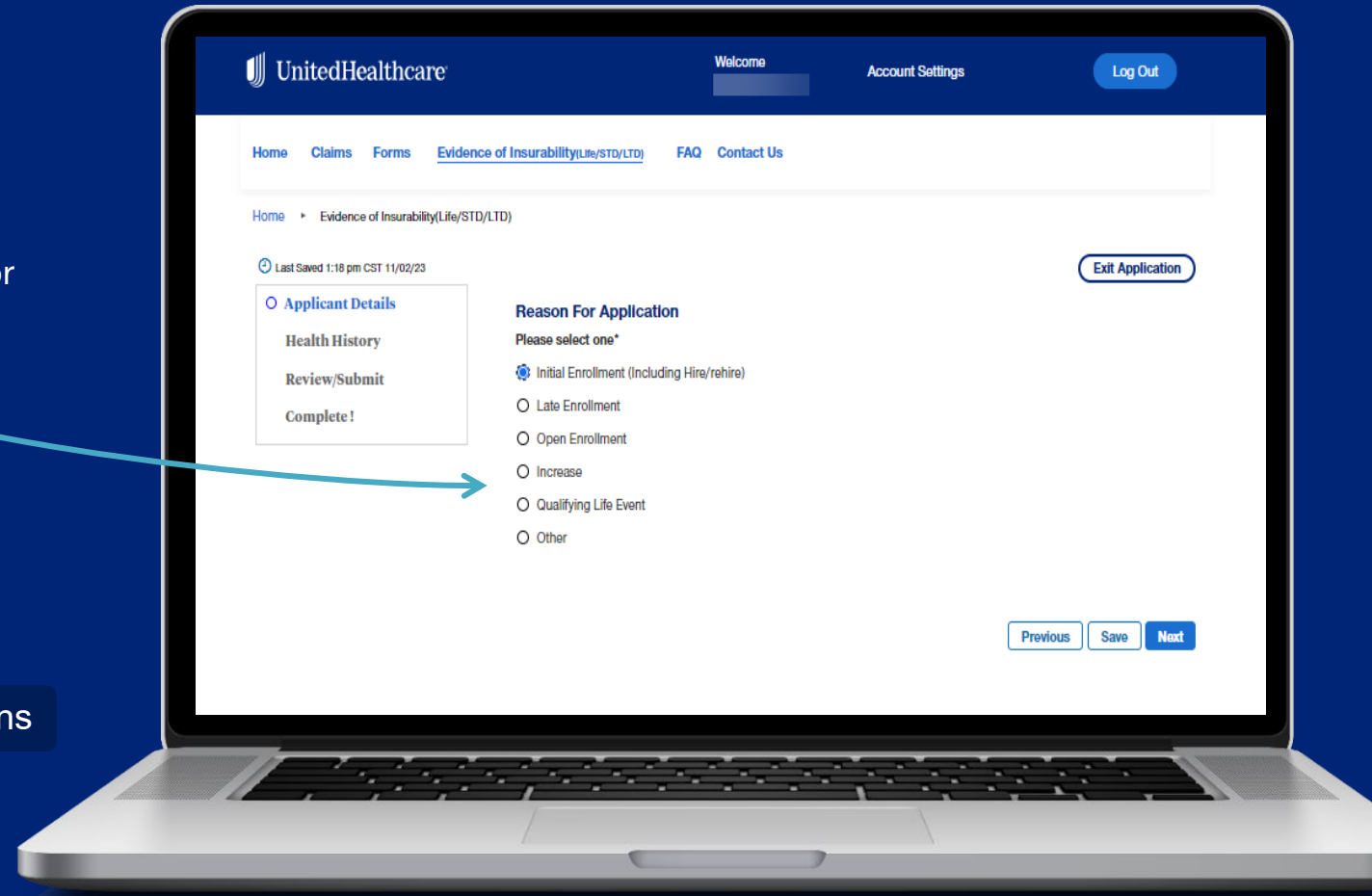
Sign the Application

Submit

Select the reason for submitting an EOI application, then click Next.*

Click below for descriptions of each selection.

Application Reasons



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Application Reasons

Initial enrollment is the period when you are eligible to enroll for voluntary Life or Disability benefits for the first time during your employment.

Example: During your new hire benefit election period.

Late enrollment refers to electing benefits outside of any of the other enrollment periods.

Example: You declined voluntary Life or Disability insurance during your new hire benefit election period and would like to newly elect the coverage during your employer's annual enrollment period.

Open enrollment is a one-time period approved by UnitedHealthcare that allows members the option to newly enroll.

Example: When your employer first starts their voluntary Life or Disability group policy with UnitedHealthcare, existing employees are offered a one-time open enrollment to elect benefits during the transition to a new insurance carrier.

Important Note: Unlike Medical insurance, Life and Disability insurance does not have an annual open enrollment period.

Increase is for those who are already enrolled in the voluntary Life insurance to increase their coverage.

Example: You may already be enrolled for \$50,000 of voluntary Life insurance and you would like to increase your coverage amount to \$100,000.

Qualifying life event refers to a family status or life change that permits a special enrollment period to change benefits.

Example: You were recently married, and your employer has allowed an enrollment period to change your insurance benefits to increase personal coverage or add your spouse.

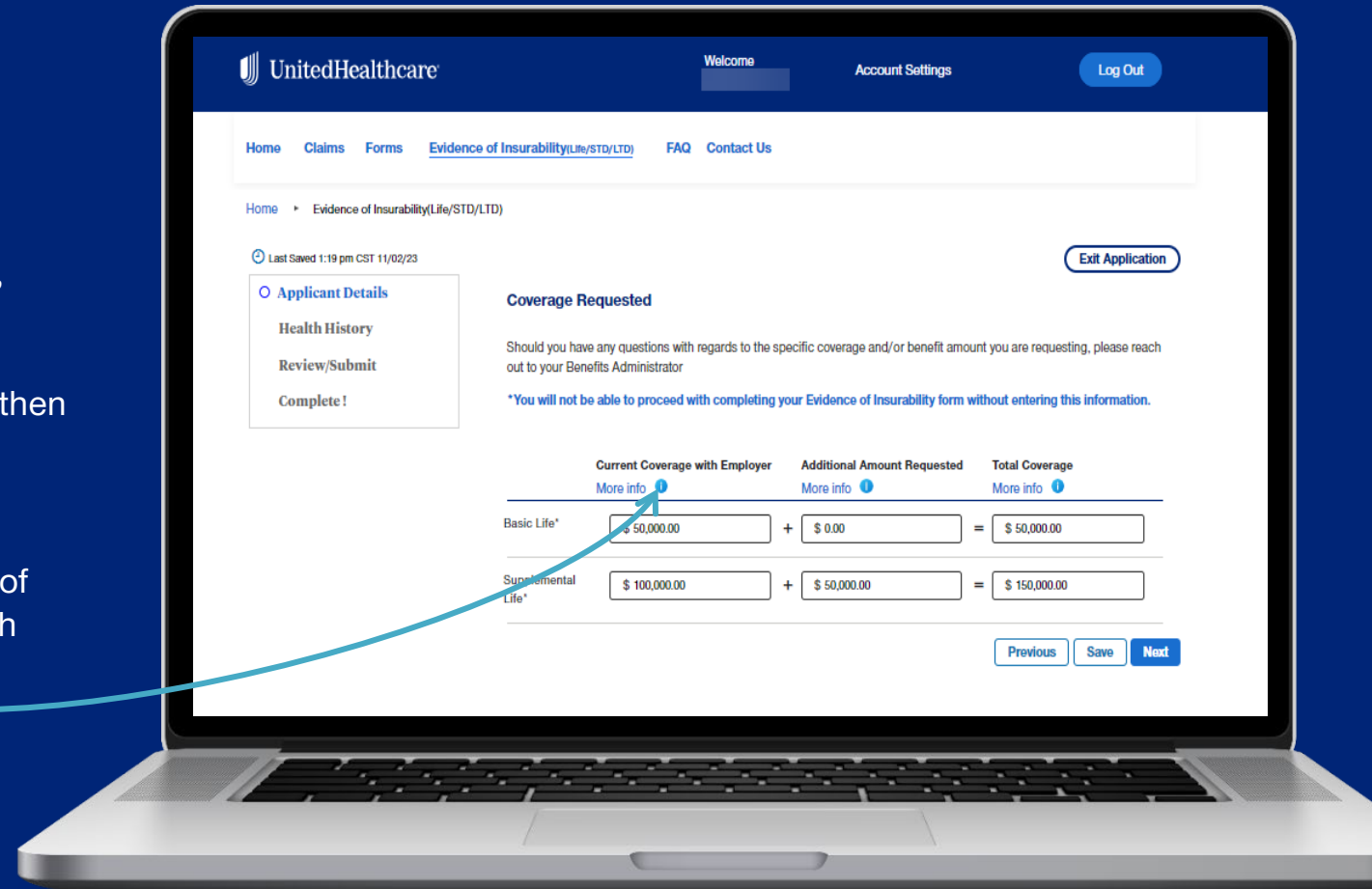
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[Submit](#)

Enter the Basic Life, Supplemental Life, and/or Disability coverage amounts, then click Next.*

Click the More Info icons for directions of what to enter in each field.



UnitedHealthcare

Welcome [Name] Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home ▸ Evidence of Insurability(Life/STD/LTD)

Last Saved 1:19 pm CST 11/02/23 Exit Application

Applicant Details

Health History

Review/Submit

Complete!

Coverage Requested

Should you have any questions with regards to the specific coverage and/or benefit amount you are requesting, please reach out to your Benefits Administrator

*You will not be able to proceed with completing your Evidence of Insurability form without entering this information.

	Current Coverage with Employer		Additional Amount Requested		Total Coverage
	More info ⓘ		More info ⓘ		More info ⓘ
Basic Life*	\$ 50,000.00	+	\$ 0.00	=	\$ 50,000.00
Supplemental Life*	\$ 100,000.00	+	\$ 50,000.00	=	\$ 150,000.00

Previous Save Next

* If you need to leave the application prior to the final review and submission steps, click Save and then Exit Application from any of the Applicant Details screens.

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Click Let's Get Started

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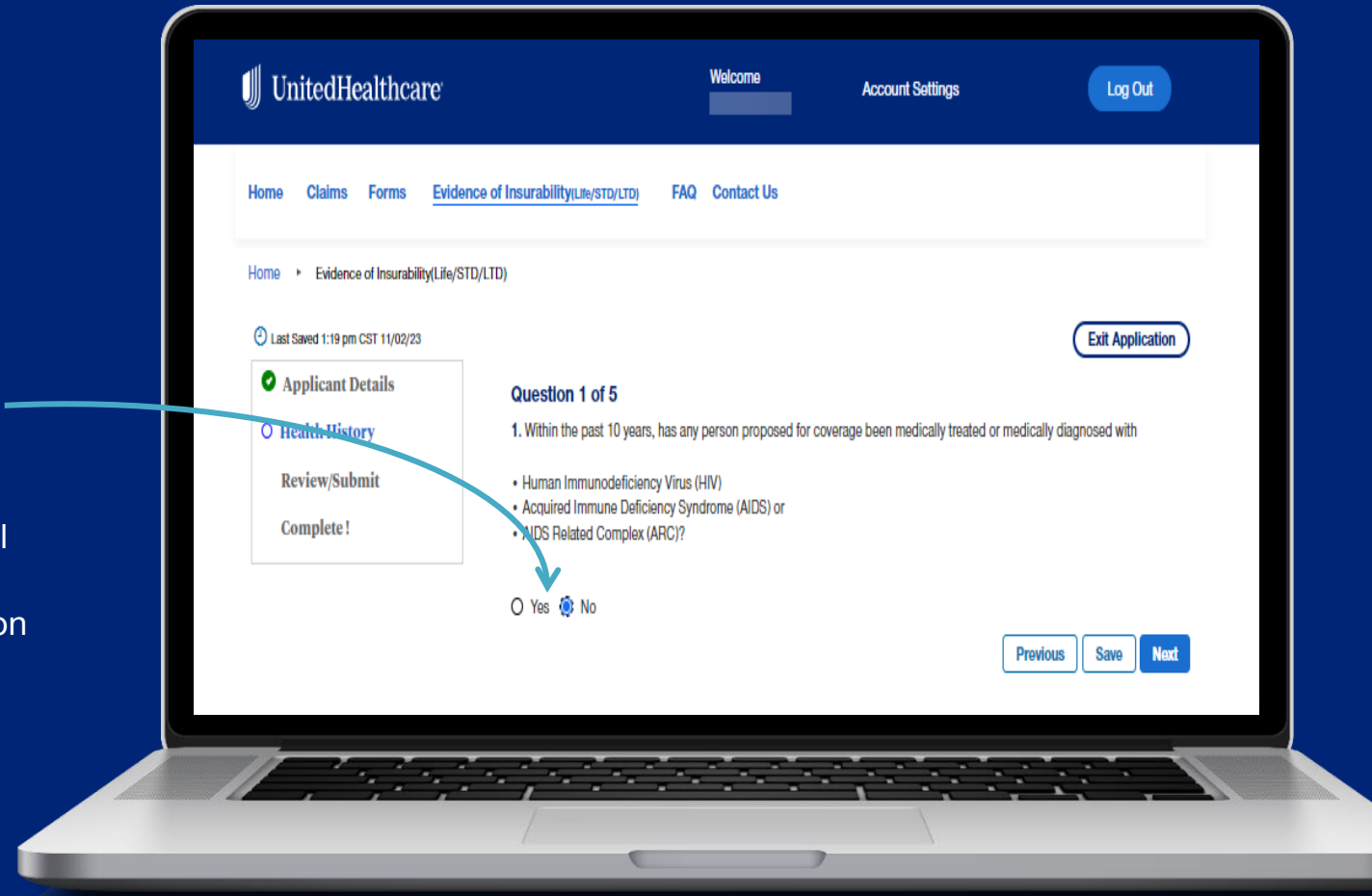
Review

Sign the Application

Submit

Select your responses to the medical questions that are presented, then click Next.*

Continue through all Health History and Physician Information screens.



* If you need to leave the application prior to the final review and submission steps, click Save and then Exit Application from any of the Health History screens.

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Submit

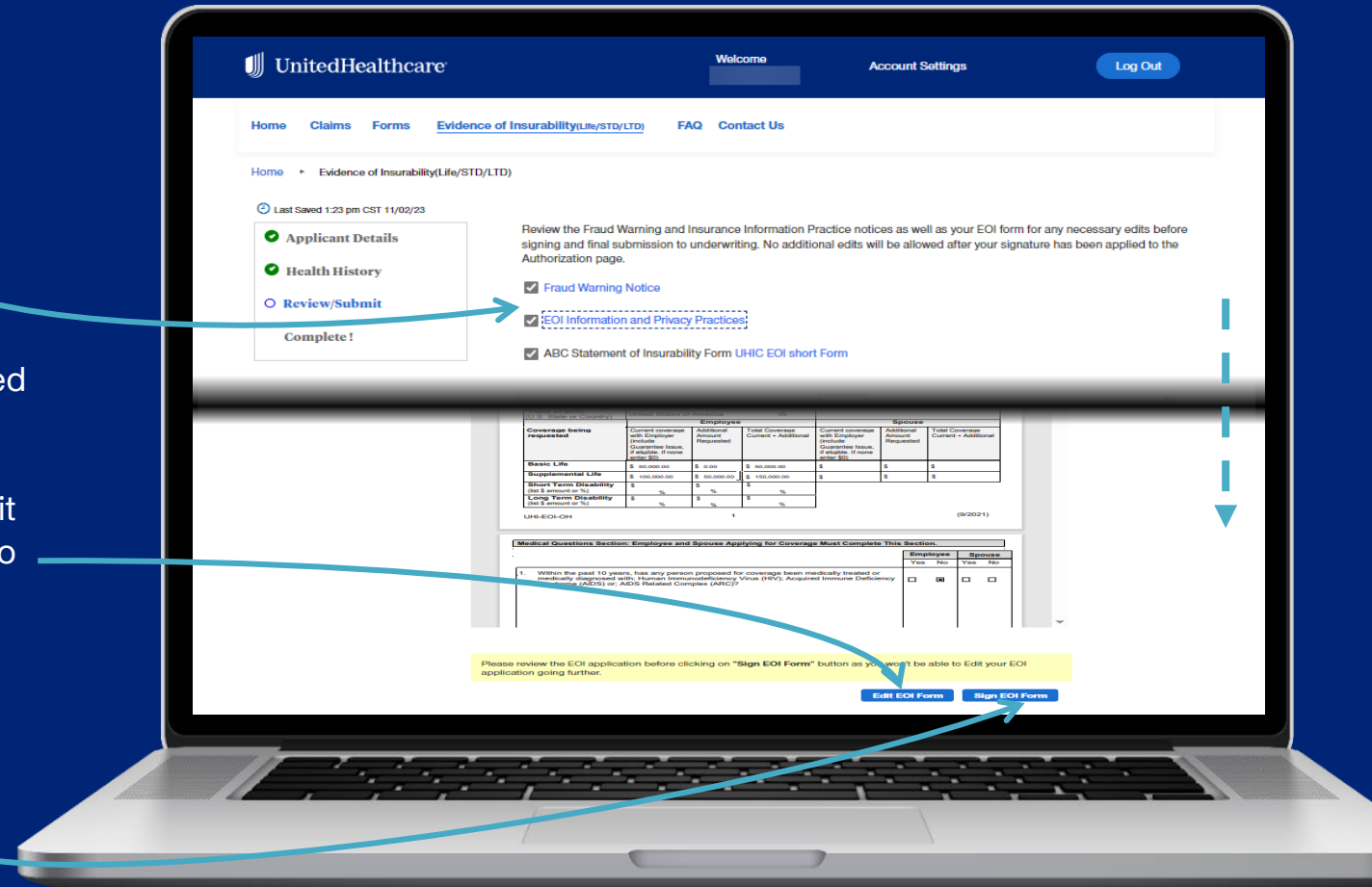
Read the required notices.

Review the populated EOI form and verify accuracy of your responses. Click Edit EOI Form to return to the entry screens if corrections are needed.*

If all is correct, click Sign EOI form.**

* Questions 1 – 5 in the Health History section cannot be changed.

** You will then be prompted to validate your identity with an authentication code received via phone call or text message using the number provided on the Personal Information screen.



UnitedHealthcare

Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home Evidence of Insurability(Life/STD/LTD)

Last Saved 1:23 pm CST 11/02/23

☒ Applicant Details
☒ Health History
☐ Review/Submit
 Complete!

Review the Fraud Warning and Insurance Information Practice notices as well as your EOI form for any necessary edits before signing and final submission to underwriting. No additional edits will be allowed after your signature has been applied to the Authorization page.

☒ Fraud Warning Notice
☒ EOI Information and Privacy Practices
☒ ABC Statement of Insurability Form UHIC EOI short Form

Coverage Being Requested	Employee		Spouse	
	Current Coverage with Employer (Include Dependents, Excludes, etc.)	Additional Coverage Requested	Current Coverage with Employer (Include Dependents, Excludes, etc.)	Additional Coverage Requested
Basic Life	\$ 100,000.00	\$ 0.00	\$ 100,000.00	\$ 0.00
Supplemental Life	\$ 100,000.00	\$ 50,000.00	\$ 100,000.00	\$ 50,000.00
Short Term Disability (as % insured or %)	%	%	%	%
Long Term Disability (as % insured or %)	%	%	%	%

UHC-EOI-024 1 (9/2021)

Medical Questions Section: Employees and Spouse Applying for Coverage Must Complete This Section.

1. Within the past 10 years, has any person proposed for coverage been medically treated or medically diagnosed with Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency (AIDS) or AIDS Related Complex (ARC)?	Employee		Spouse	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please review the EOI application before clicking on "Sign EOI Form" button as you won't be able to Edit your EOI application going further.

Edit EOI Form Sign EOI Form

Submit an Evidence of Insurability (EOI) application

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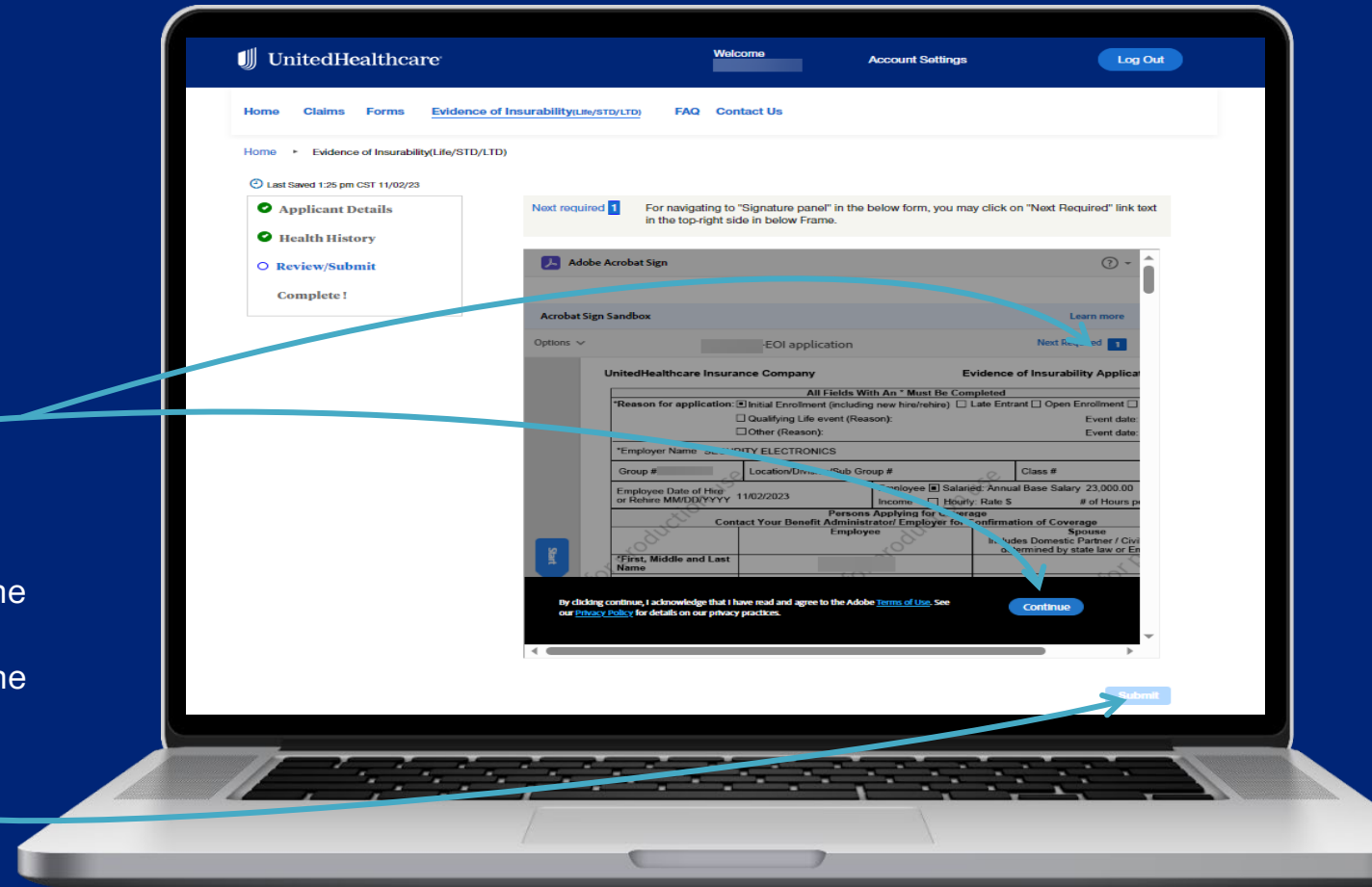
Sign the Application

Submit

Read Adobe Acrobat's Terms of Use and Privacy Policy, then click Continue.

Click Next Required to navigate to the signature panel of the document and electronically sign the form.

Click Submit.



Submit an Evidence of Insurability (EOI) application

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Click Let's Get Started

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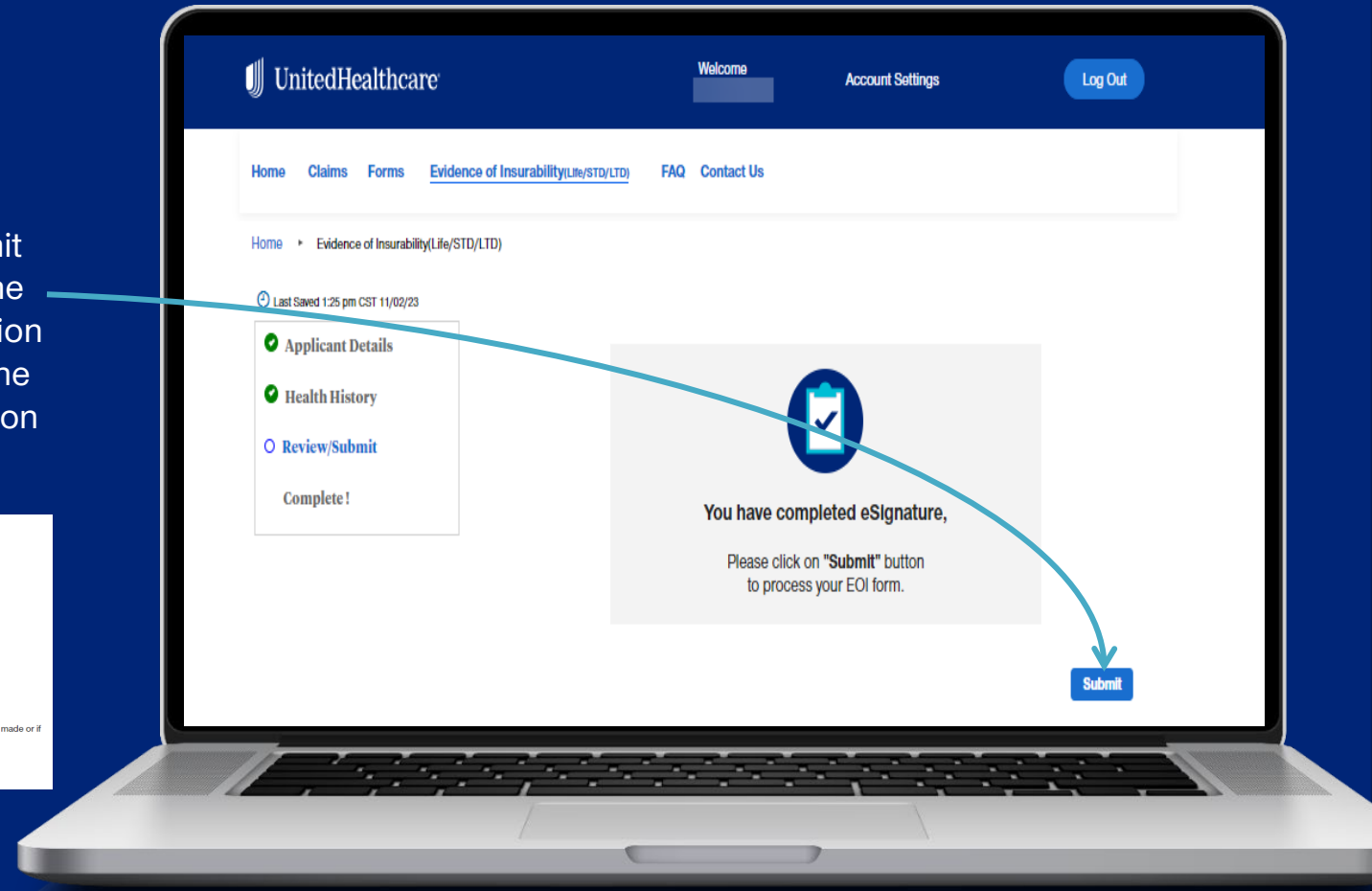
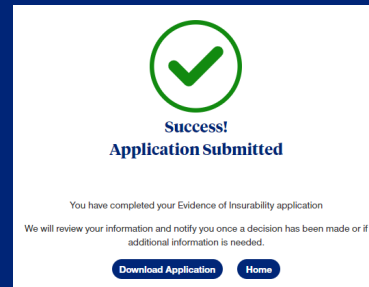
Health History

Review

Sign the Application

Submit

Click the final Submit button to arrive at the successful submission screen. Download the completed application or return to Home.



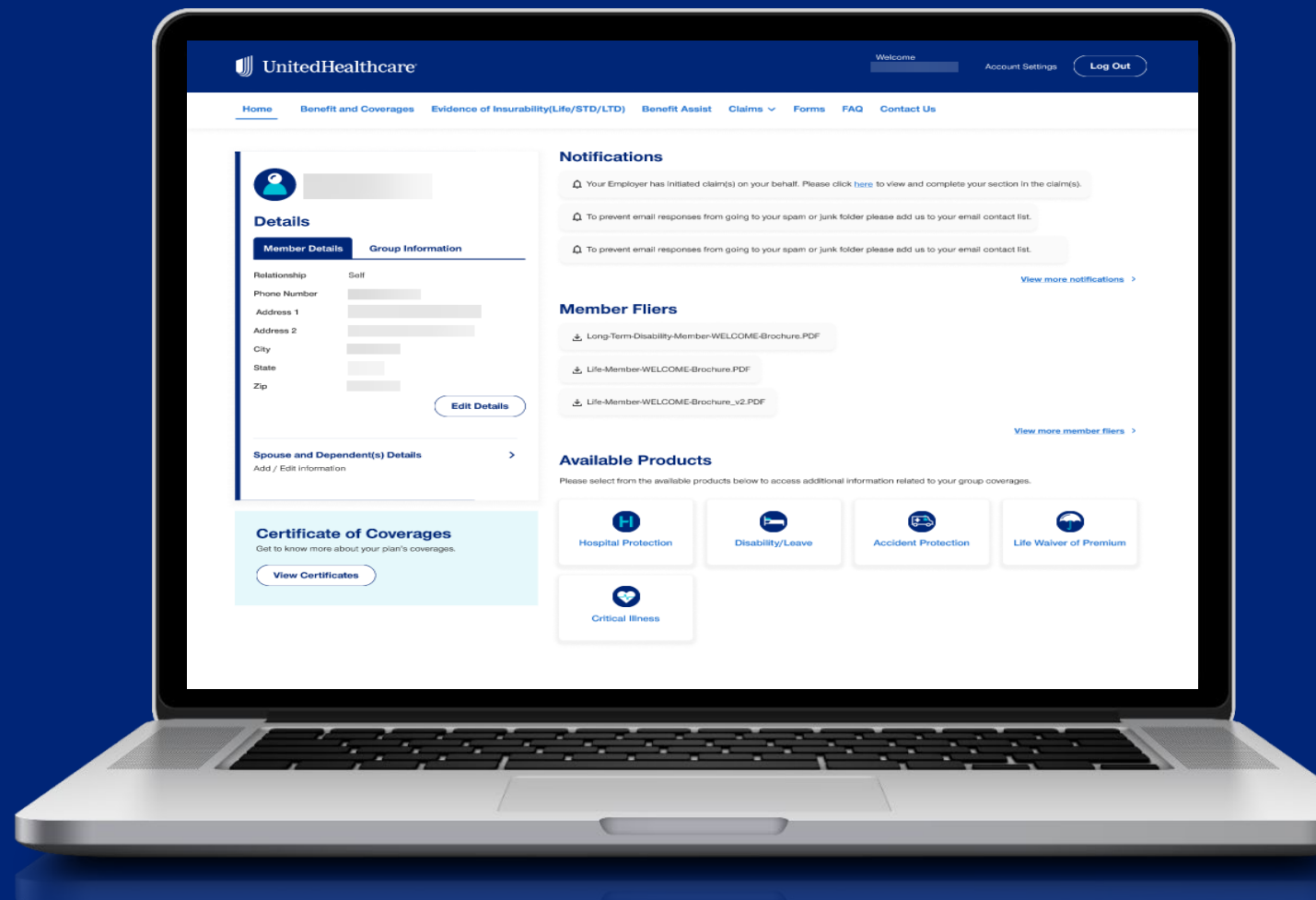
Locate and resume an incomplete application

Click steps below for a demo.

Go to Evidence of Insurability

Click Resume Application

Complete the Submission



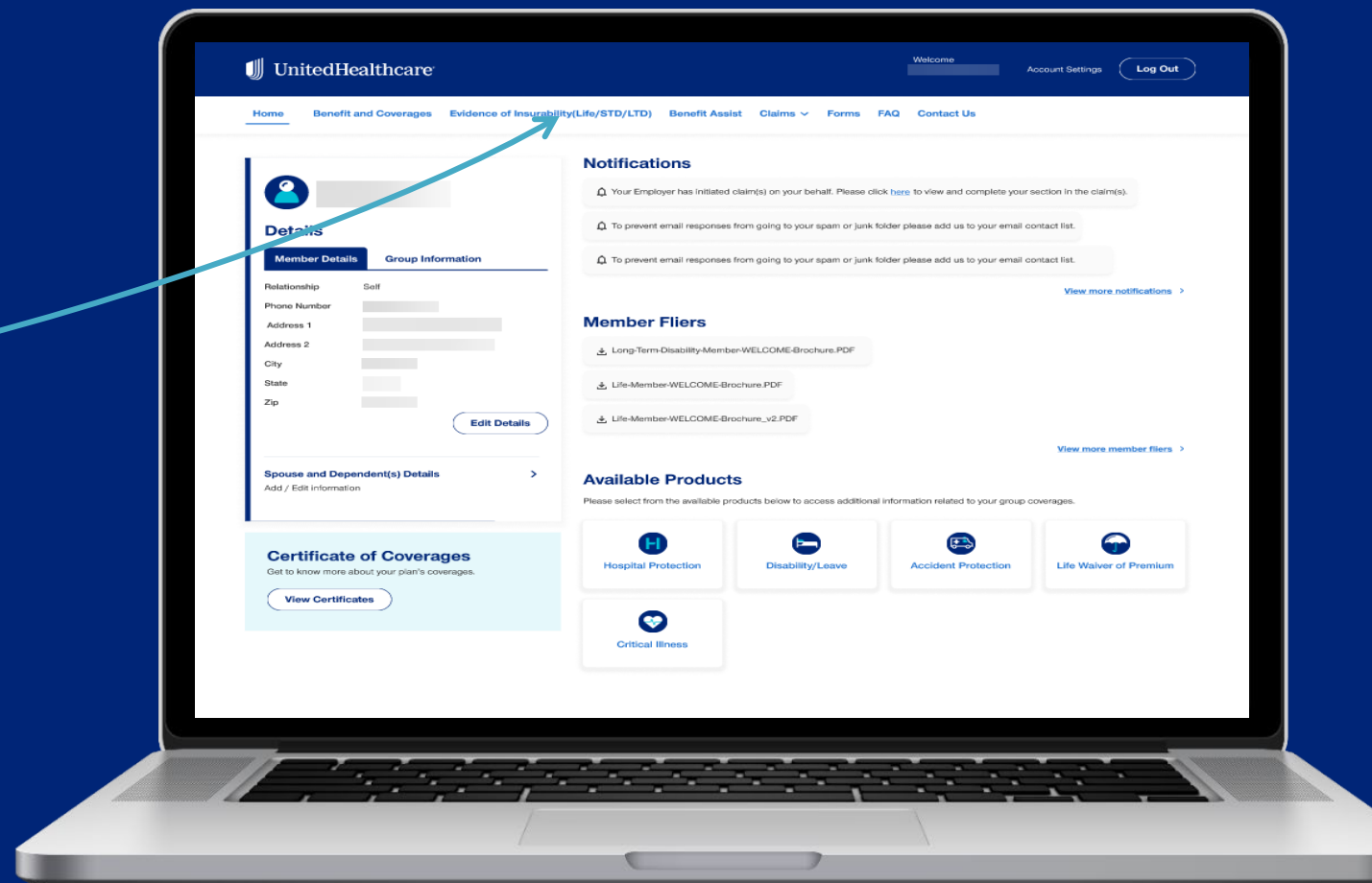
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Click Resume Application

Complete the Submission



Locate and resume an incomplete application

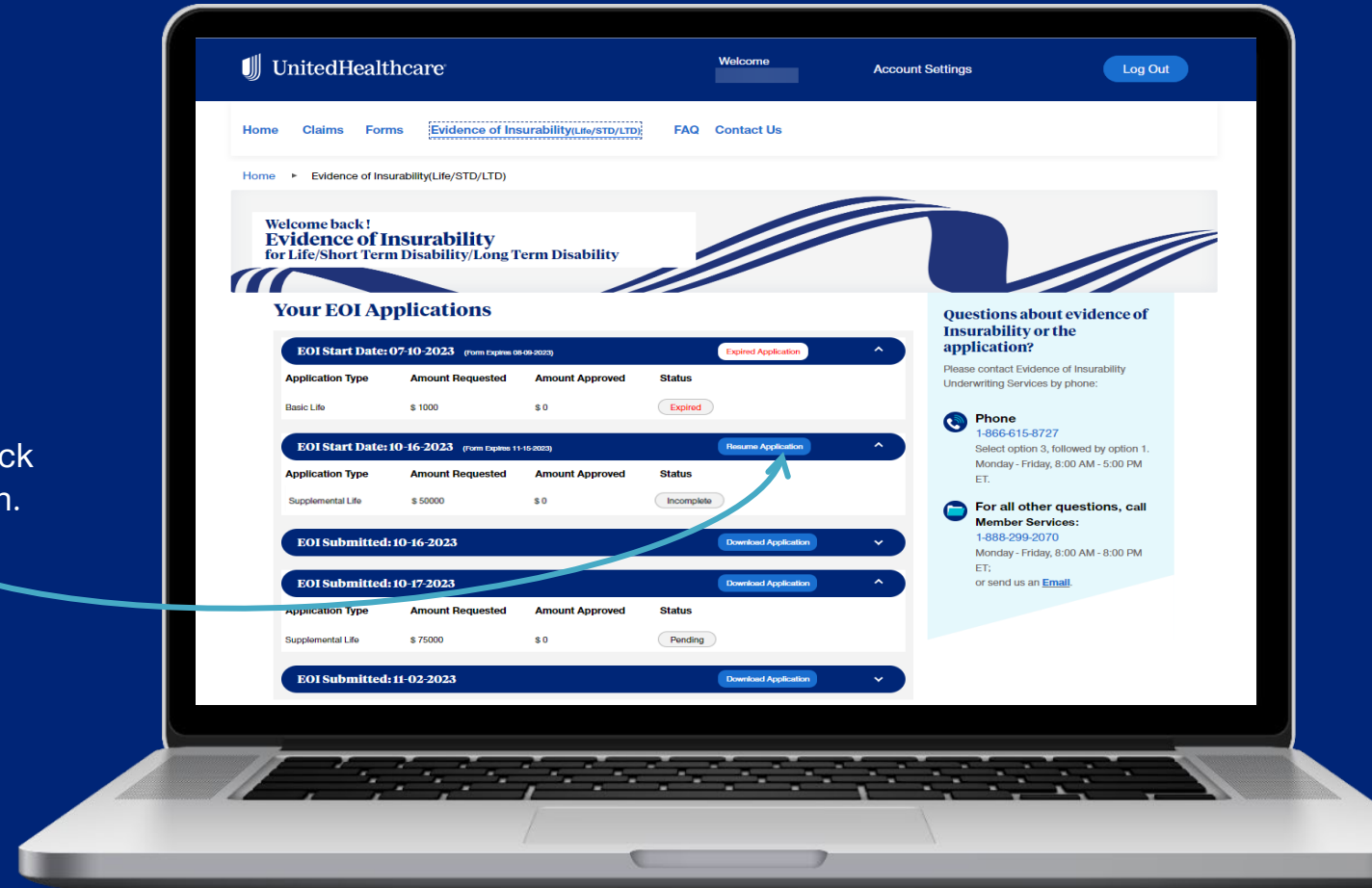
Click steps below for a demo.

Go to Evidence of Insurability

Click Resume Application

Complete the Submission

Locate the EOI with Incomplete in the status field, then click Resume Application.



Locate and resume an incomplete application

Click steps below for a demo.

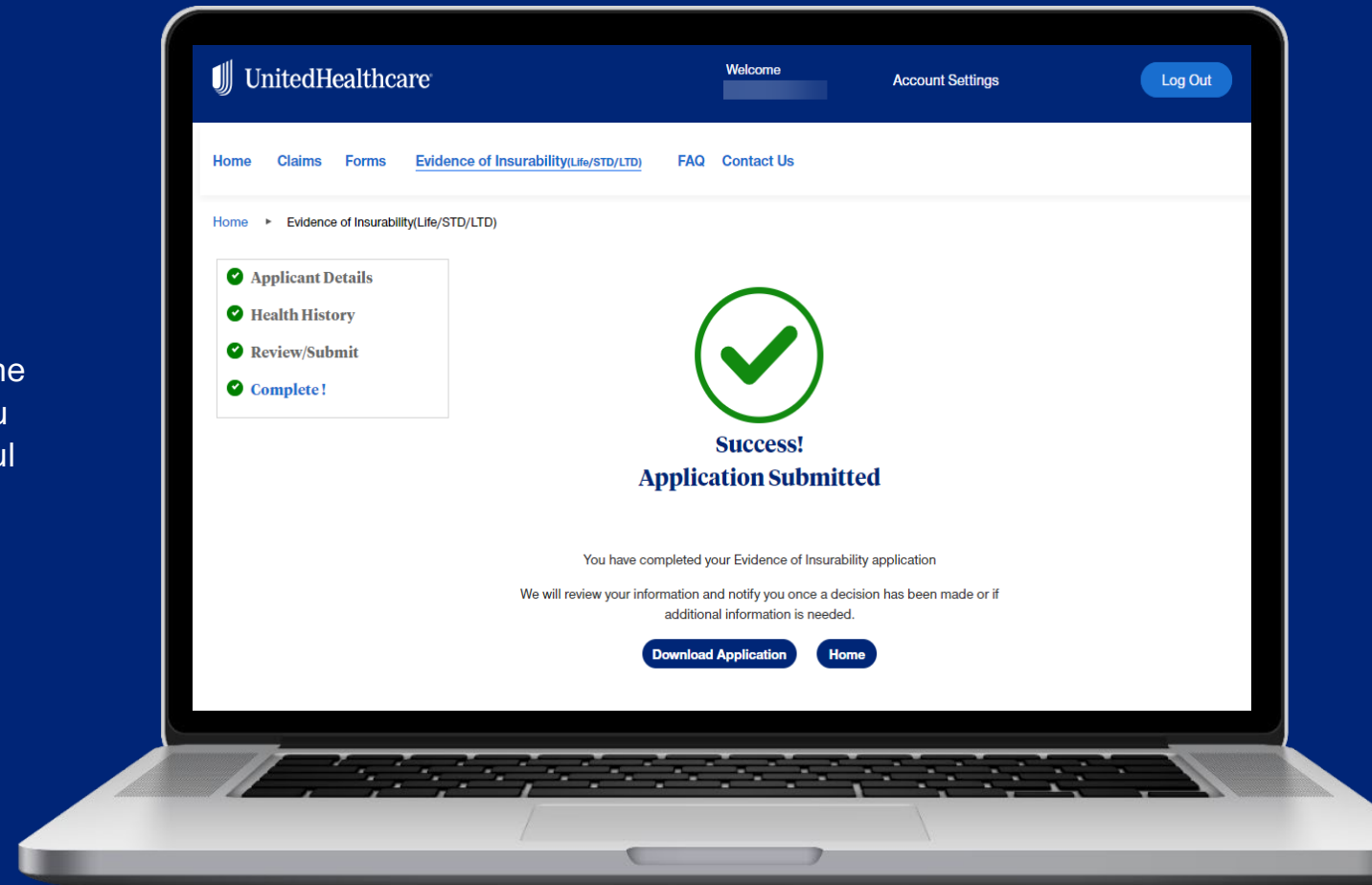
Go to Evidence of Insurability

Click Resume Application

Complete the Submission

Continue through the application until you reach the successful submission screen.

Refer to the Submit Application tab for directions.



Check on EOI application status

Click steps below for a demo.

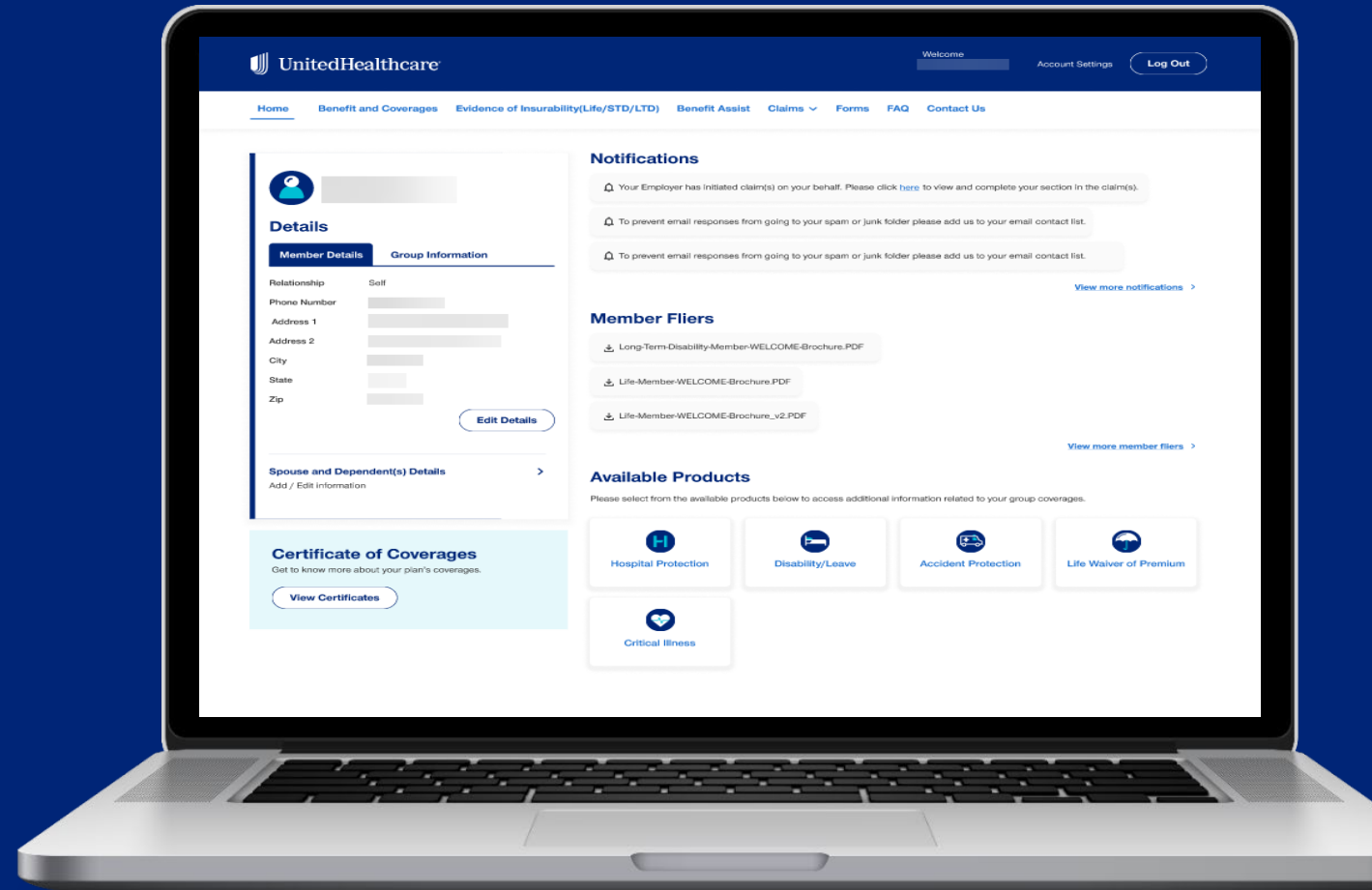
Go to Evidence of Insurability

View Status

Status Descriptions

Download Application

View Associated Letters



Check on EOI application status

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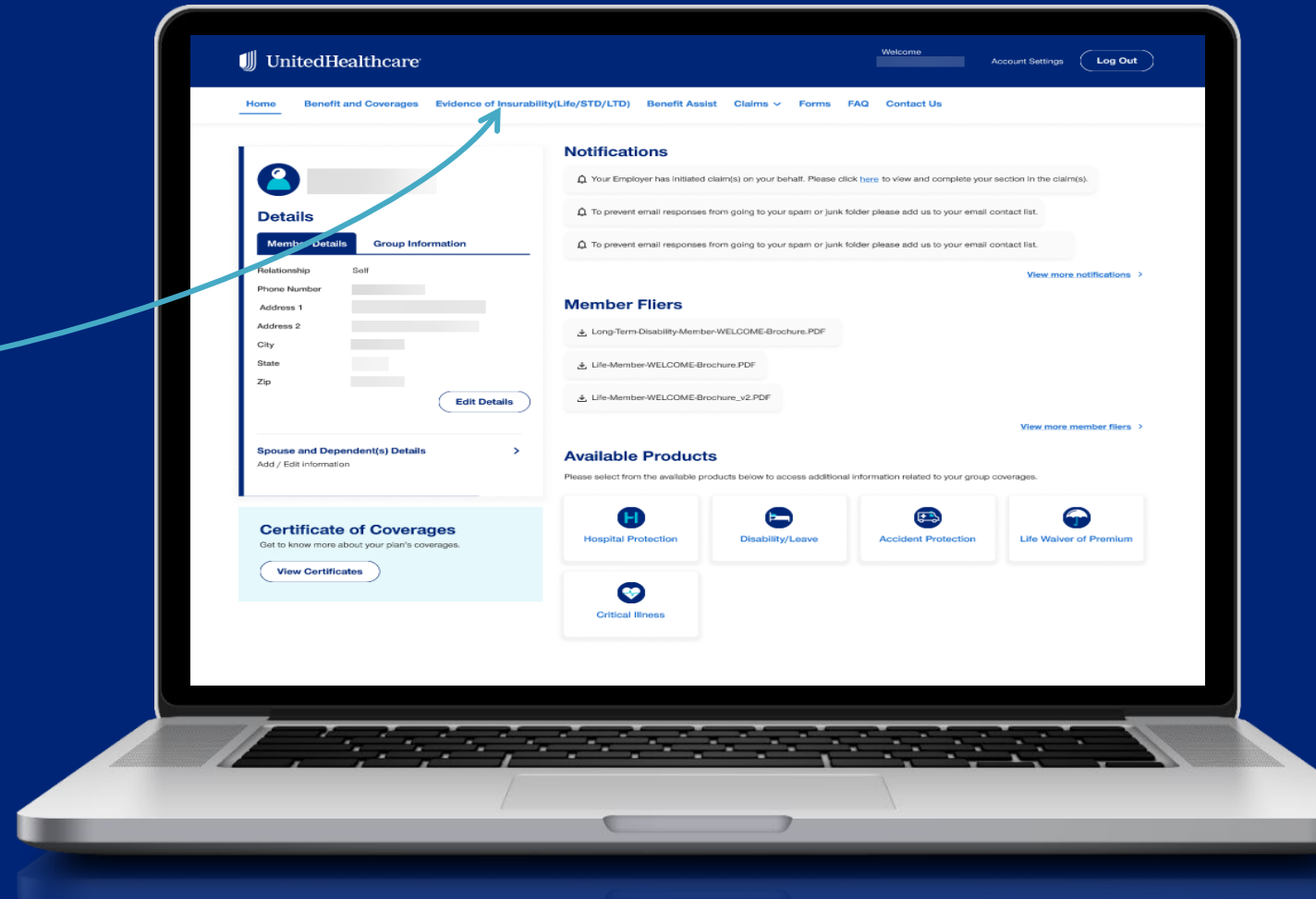
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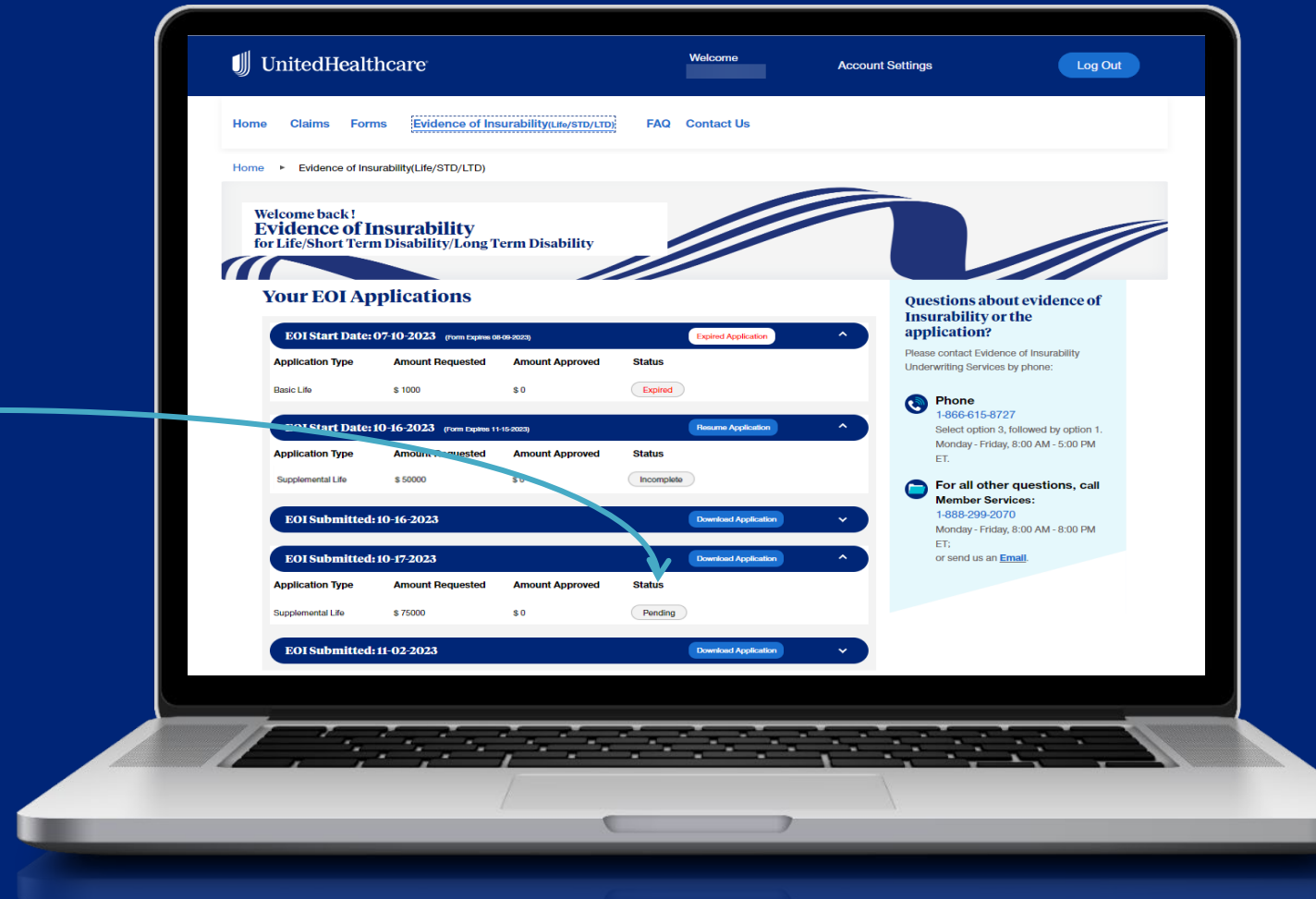
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Check on EOI application status

Click steps below for a demo.

Go to Evidence of Insurability

View Status

Status Descriptions

Download Application

View Associated Letters

Approved

Review the associated approval letter for the coverage start date.

Declined

Review the associated adverse letter for details.

Expired

An incomplete application was not finished before the expiration date. A new application will be needed if the coverage amount is still requested.

Incomplete

Application is incomplete, click Resume Application to continue.

Pending

Application is received and under review. Allow up to 30 business days for processing.

Withdrawn

Applicant declined to provide additional information the EOI team requested, or information was not received.

Check on EOI application status

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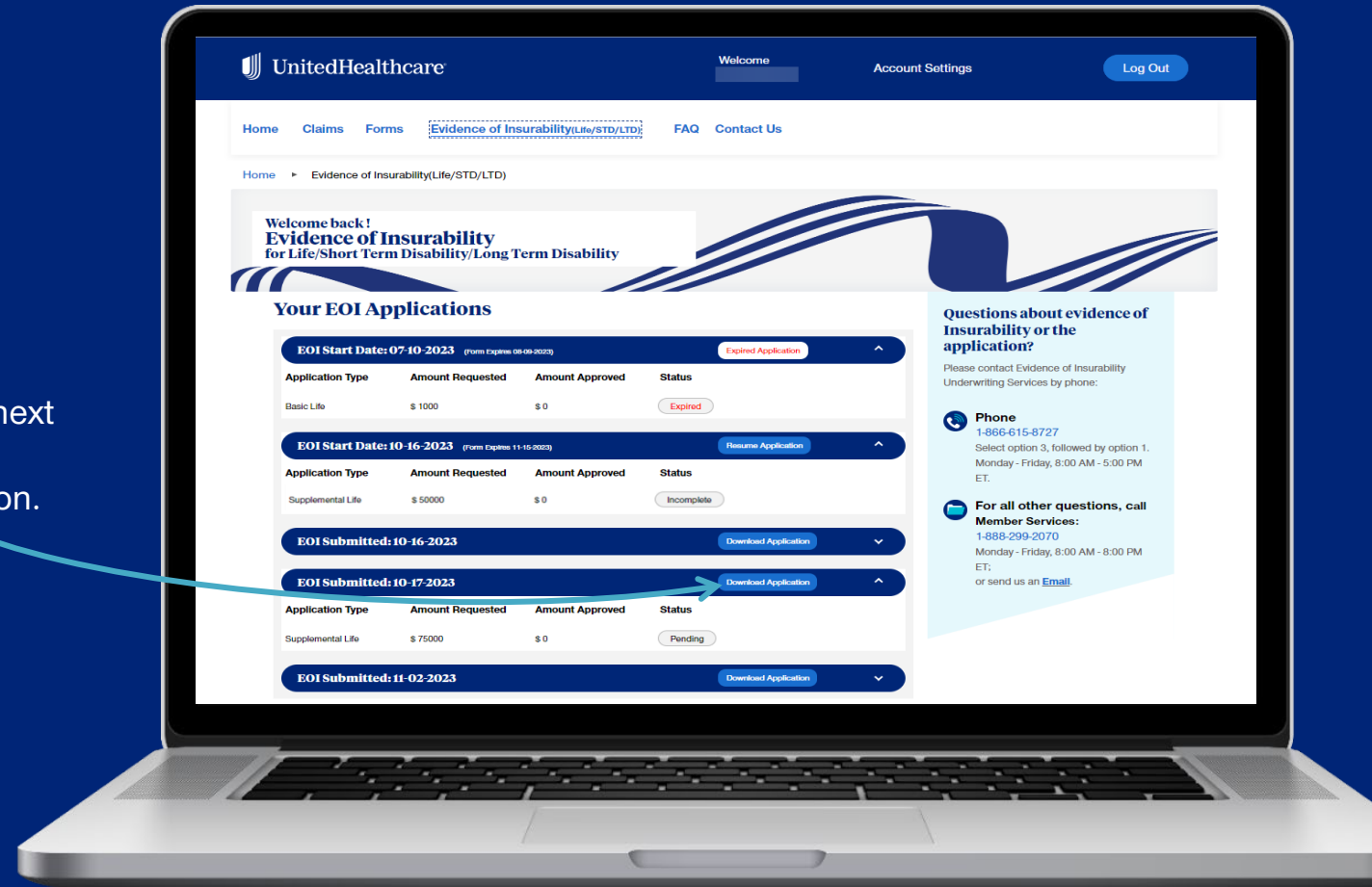
View Status

Status Descriptions

Download Application

View Associated Letters

Click Download Application, found next to any successfully submitted application.



Check on EOI application status

Click steps below for a demo.

Go to Evidence of Insurability

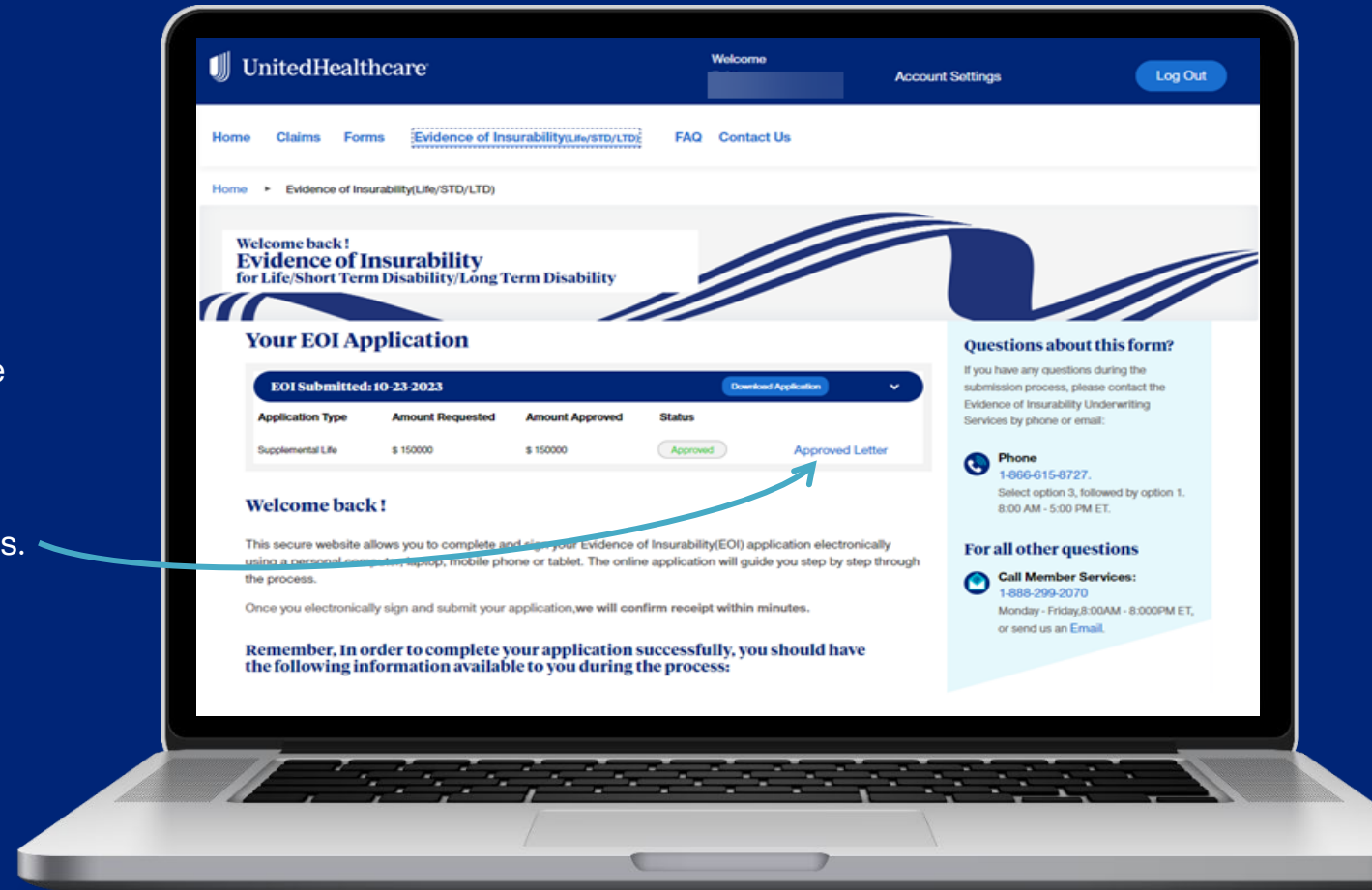
View Status

Status Descriptions

Download Application

View Associated Letters

Click the link for the associated letter to view the approved coverage start date or declination details.



Contact us for additional Evidence of Insurability support

Go to Evidence of Insurability, then view the section on the right.

Contact us at

- Telephone: 866-615-8727 – option 3, then option 1
- Email: life_eoi@uhc.com

