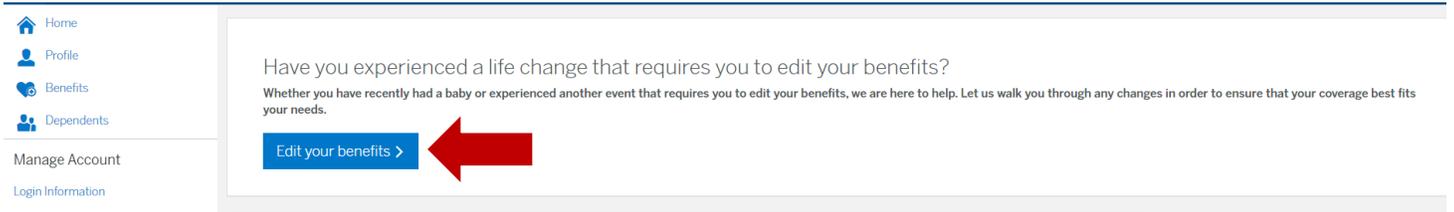


HOW TO INCREASE SUPPLEMENTAL LIFE INSURANCE COVERAGE DUE TO A LIFE EVENT

- 1) Log into IowaBenefits: <https://bfi.secure-enroll.com/go/stateofiowa>
- 2) Click "Edit your benefits."



Home
Profile
Benefits
Dependents
Manage Account
Login Information

Have you experienced a life change that requires you to edit your benefits?
Whether you have recently had a baby or experienced another event that requires you to edit your benefits, we are here to help. Let us walk you through any changes in order to ensure that your coverage best fits your needs.

[Edit your benefits >](#)

- 3) Select the reason for changing your benefits and enter the date of the life event. Click "Next."

Select reason for changing your benefits

You are making a change to benefit elections. Why are you making this change?

Select reason for change *

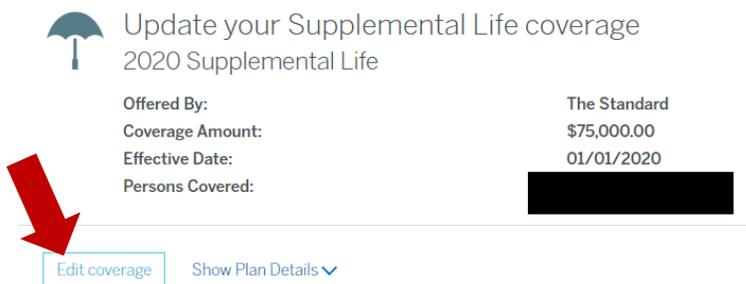
--- please select ---

[Life event not listed?](#)

Enter the date of this life event *

[Next](#) [Cancel](#)

- 4) Scroll down to your Supplemental Life Coverage and click "Edit coverage."



 Update your Supplemental Life coverage
2020 Supplemental Life

Offered By:	The Standard
Coverage Amount:	\$75,000.00
Effective Date:	01/01/2020
Persons Covered:	[REDACTED]

[Edit coverage](#) [Show Plan Details](#) ▾

HOW TO INCREASE SUPPLEMENTAL LIFE INSURANCE COVERAGE DUE TO A LIFE EVENT

5) Select new coverage amount. At this step, you can also reduce your amount or decline coverage. Click “Next.”

Choose your Supplemental Life plan.

Please review your options and choose the coverage amount that best meets your needs.

Beneficiary Information

2020 Supplemental Life

<input type="radio"/> \$45,000.00	\$6.53
<input type="radio"/> \$50,000.00	\$7.25
<input type="radio"/> \$55,000.00	\$7.98
<input type="radio"/> \$60,000.00	\$8.70
<input type="radio"/> \$65,000.00	\$9.43
<input type="radio"/> \$70,000.00	\$10.15
<input checked="" type="radio"/> \$75,000.00	\$10.88
<input type="radio"/> \$80,000.00	\$11.60
<input type="radio"/> \$85,000.00	\$12.33
<input type="radio"/> \$90,000.00	\$13.05

Currently Selected

[Decline Coverage](#) I would like to decline Supplemental Life coverage.

6) Review message and click “State of Iowa Health Statement.”

Profile Shop for benefits Confirm & Finish

You will have to provide Evidence of Insurability (EOI) to The Standard Insurance Company (The Standard), by completing a Medical History Statement (MHS), if you request an increase to supplemental life insurance, or if you are enrolling for supplemental life insurance after the first 30 days of full time benefit eligibility. The amount you have elected requires you to provide EOI to The Standard before this coverage can be approved.

State of Iowa Health Statement

Please CLICK HERE for the MHS. A separate window will open on the Standard's webpage. Once you have completed the MHS, The Standard may follow up with additional questions that will be mailed to your home address. Please note, coverage will not become effective until you receive an approval from The Standard and your coverage has been approved in Iowa Benefits. If EOI is not on file with The Standard within 60 days from your qualified life event or last day of open enrollment, your request for additional supplemental life insurance will be declined.

7) This will open a new tab/window. Scroll to the bottom and check the “I have read and agree to the Terms and Consent” box. Then click “Start a New Submission.”

 **Submit Evidence of Insurability**

This application process allows you to complete a medical history statement online, when evidence of insurability is required under a group insurance policy issued by The Standard. The information you provide will be used to evaluate your application. Submission of this application does not guarantee approval of coverage requiring evidence of insurability.

This process generally takes between 10 and 20 minutes if you have all required information. Please be aware you will not have an opportunity to save a draft during this time. For your protection, this submission session will time out after 30 minutes of inactivity.

Required Information

You must be prepared with the following information before you can proceed. If you do not have this information ready to reference, please print this page and return here when you have all of these listed items.

1. Member's employment details... Date of hire Earnings
2. Coverage details... Amounts currently in force Amounts requested (as appropriate under the group policy)
3. Personal identification... Date of birth Place of birth Mailing address
4. Medical conditions... Diagnoses Types of treatment Dates for treatment
5. Physicians or clinics... Names Locations Phone numbers

Note for Spouse Applicant
If this evidence of insurability submission is for a spouse applicant, he or she must complete the medical history statement and electronically sign this submission.

I have read and agree to the Terms and Consent

If you prefer, you may choose a printable PDF form to submit evidence of insurability by mail.
Si lo prefiere, puede optar por un formulario PDF que se puede imprimir para presentar la evidencia de asegurabilidad por correo postal.

[Contact Us](#)

Medical Underwriting
P: 800.843.7979

[FAQ About Evidence of Insurability](#)

8) The next screen will prompt you to select the state in which you reside. Select state and then click “Continue.”



Submit Evidence of Insurability

Please choose the place where the applicant lives so we may present the appropriate questions.

**Required*

Applicant's place of residence *

Select One ▼

CONTINUE

9) Complete the Evidence of Insurability. There are five steps: Coverage, Member, Applicant, Medical History, and Review.



Submit Evidence of Insurability

- ① COVERAGE
- ② MEMBER
- ③ APPLICANT
- ④ MEDICAL HISTORY
- ⑤ REVIEW

Coverage

You are initiating an evidence of insurability submission under the following group insurance policy. If this is not accurate, please cancel this process and contact your benefits administrator for more information or assistance.

** Required*

State of Iowa (How do I change this?)

Complete the following information based on the enrollment selections made and instructions given. Ask your benefits administrator for plan-specific information. If you are submitting a medical history statement for more than one applicant, you will have an opportunity to return here after each entry.

What is the applicant's relationship to the member? (What's this?)

Self (Member)

Select the coverage(s) for which this applicant will be submitting evidence of insurability.* (What's this?)

Basic Term Life

Additional Term Life

What amount of life insurance does this applicant currently have? (What's this?)

\$

What amount of life insurance would you like to add to that amount?* (What's this?)

\$

Total amount of life insurance requested for this applicant

\$0.00

Long Term Disability

(Don't see an option you were expecting?)

Cancel

CONTINUE

10) On Step 5, Review, you will confirm that what you filled out was accurate by checking the box at the bottom of the page. Then, click "Submit Evidence."

① COVERAGE ② MEMBER ③ APPLICANT ④ MEDICAL HISTORY ⑤ REVIEW

Review

The following information will be used to evaluate the applicant's eligibility for the coverage being requested. Submission of this medical history statement does not guarantee eligibility for, or approval of, the requested coverage. Please review for accuracy, read the notices, acknowledgment and authorization for release of information and submit this application for evaluation.

You will have an opportunity to print this information on the next page.

Electronic Signature

By checking the box below:

I, [REDACTED], acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under applicable state or federal law and is equivalent to a manual signature.

Note: Declinations do not affect either Guarantee Issue Amounts not subject to Evidence Of Insurability or other coverages already in force with Standard Insurance Company.

Cancel **SUBMIT EVIDENCE**

11) Once you have completed and submitted your Evidence of Insurability, **return to your IowaBenefits tab/window** and complete your enrollment by clicking "Next."

You will have to provide Evidence of Insurability (EOI) to The Standard Insurance Company (The Standard), by completing a Medical History Statement (MHS), if you request an increase to supplemental life insurance, or if you are enrolling for supplemental life insurance after the first 30 days of full time benefit eligibility. The amount you have elected requires you to provide EOI to The Standard before this coverage can be approved.

State of Iowa Health Statement
Please CLICK HERE for the MHS. A separate window will open on the Standard's webpage. Once you have completed the MHS, The Standard may follow up with additional questions that will be mailed to your home address. Please note, coverage will not become effective until you receive an approval from The Standard and your coverage has been approved in Iowa Benefits. If EOI is not on file with The Standard within 60 days from your qualified life event or last day of open enrollment, your request for additional supplemental life insurance will be declined.

Next Previous Cancel

12) You are then taken to a summary page of your benefits. Review to make sure all your changes are there. Then, scroll to the bottom of the page and click "Save changes."

Now that you've entered your life change information, it's time to update your benefits.

When you're done with all of your edits, click Save changes at the bottom of this page.



Update your Supplemental Life coverage

2020 Supplemental Life

Offered By:	The Standard
Requested Coverage Amount:	\$95,000.00
Effective Date:	03/01/2020
Persons Covered:	[REDACTED]

[Edit coverage](#)

[Show Plan Details](#) ▾

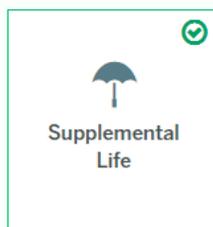


[Save changes](#)

[Cancel](#)

13) You will then see the below confirmation box pop up. Click "Continue."

Success! You have updated these benefits.



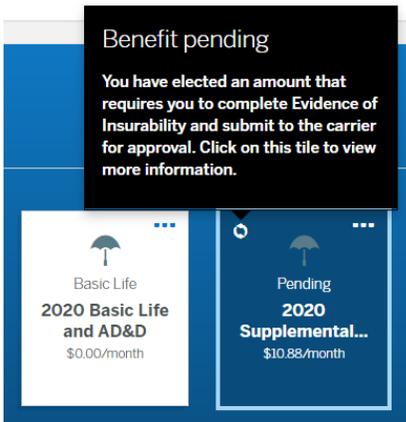
[Continue](#)

14) When you return to your home page, you will see the below banner with a confirmation number letting you know that your benefits have been updated.

✓ **Congratulations, [REDACTED] You have successfully updated your benefits due to [REDACTED]**

Your confirmation number is: 355687508-qs2630. Please review and print your Benefit Detail Report for your records.

Your home page will then show that the supplemental life coverage benefit is pending approval.



Evidence of Insurability (EOI) forms completed via IowaBenefits are automatically entered into The Standard's Medical Underwriting system, which then issues an immediate response of approved or pending to you. It will never automatically issue a denial.

If a pending response is issued, a letter will be mailed to you notifying you of the pending reason and requesting additional information if needed. If the review of additional information creates a denial, you will get a letter with a full explanation of The Standard's findings and reason for their decision.

If you have any further questions about this process, please contact your Human Resource Associate (HRA).