

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.

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

- Total Requested: The total amount requested (this may be found with your enrollment information, or has been provided to you by your HR Representative).
- Amount Requiring Underwriting: The amount of life insurance that is pending: the difference between the total you are requesting and the amount you currently have.
- Examples:
 - ❖ Employee with existing coverage: \$100,000 of current coverage, requesting an additional \$50,000, total requested is \$150,000 and the amount requiring underwriting is \$50,000
 - ❖ Late Entrants: currently no coverage, requesting \$150,000, the total requested and the amount requiring underwriting are both \$150,000

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