



**Evidence of Insurability Statement
Life Coverage
Aetna Life Insurance Company**

Life • Disability • Long Term Care

Read This Instruction Page Carefully.

Guidelines

Evidence of Insurability is required if one of the following applies:

- You did not request coverage within the eligibility period for your employer's group Plan of Benefits;
- You are applying for an amount of Life Insurance in excess of your Plan's Guaranteed Issue Limit; * - or -
- You have requested an increase in Life coverage. *

* Aetna may contact you directly to request additional information upon receipt of this completed Statement.

Instructions

**Plan Sponsor/
Employer**

Please Print

Complete Section A in its entirety. *Be sure that:*

- All items are completed.
- The Control Number, Suffix and Account numbers are provided (A1).
- The employee's **Social Security Number** is provided (A2).
- Both the employee's and your address are shown in the spaces provided (A3 and A4).
- The telephone number of your authorized representative (A5), employee's date of hire (A6) and employee's home and work telephone numbers (A7) are provided.
- Check box(es) for individual(s) requesting coverage (A8). Provide the current amount of coverage, requested increase amount and resulting total amount of coverage for each individual for whom coverage is being requested.
- The reason for requested coverage and Employee's Annual Earnings are provided (A9).
- Section A is signed by your Authorized Representative (A10).

Give the form to your employee for his/her confidential submission to Aetna.

Aetna will advise you of its coverage decision. Employee will be notified directly if coverage is denied.

Employee

Read the Privacy Notice and Misrepresentation section on "Page 2 of 4" of the Insurability Statement before completing.

Please Print

Verify that your address and **Social Security Number** as shown in Section A are complete and accurate. We may need to direct additional inquiries to your attention.

Complete Section B. *Be sure that:*

- All items are completed.
- Only the names of individuals requesting coverage at this time are listed (B1). Check appropriate boxes regarding dependent child coverage, if applicable (B1a and B1b).
 - Height and Weight *must* be provided or this form will be returned unprocessed for your completion (B1).
- Complete dates and details are given for all "No" answers to questions B1a and B1b and for all "Yes" answers in the Statement of Health (B2).
- The form is signed by you. If you are requesting spouse coverage, the spouse's signature is also required. Read the Certification, Acknowledgment and Authorization prior to signing the form (bottom of Section B).

Make a copy for your records. Mail the **original** to:

Aetna Life Insurance Company
Consumer Services
151 Farmington Avenue
Hartford, CT 06156-7318

1-800-523-5065

If a final underwriting decision cannot be made within six months, Aetna reserves the right to request a new Evidence of Insurability Statement.

Please Note: If this form is not completed in its entirety and signed, it will be returned unprocessed for your completion.

