LA Group UHIC Employee Only: LA Group UHIC Employee 05.2026

LA Group UHIC Spouse Only: LA Group UHIC Spouse 05.2026

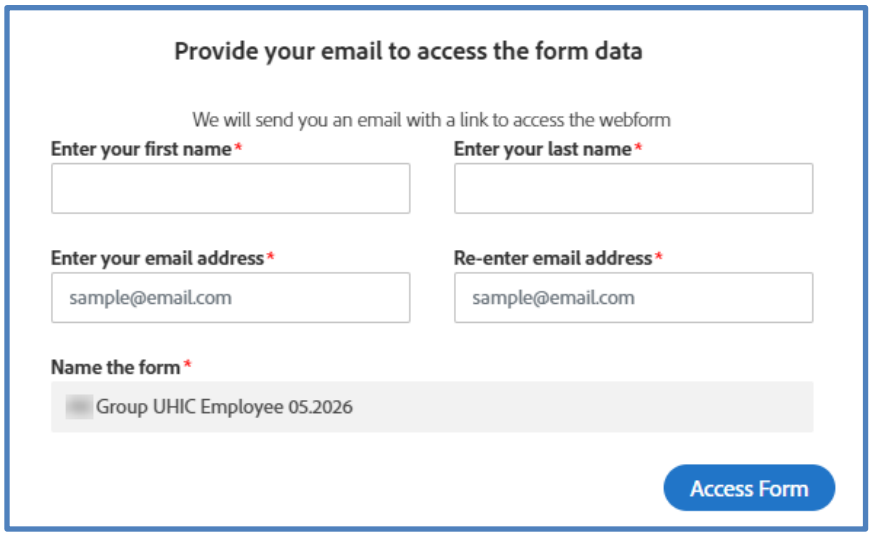
As a reminder, EOI applications follow the situs state of the policy, not the resident state of the employee/spouse.

Adobe Sign Process for Completing the UHC Evidence of Insurability Form
(May 2026)

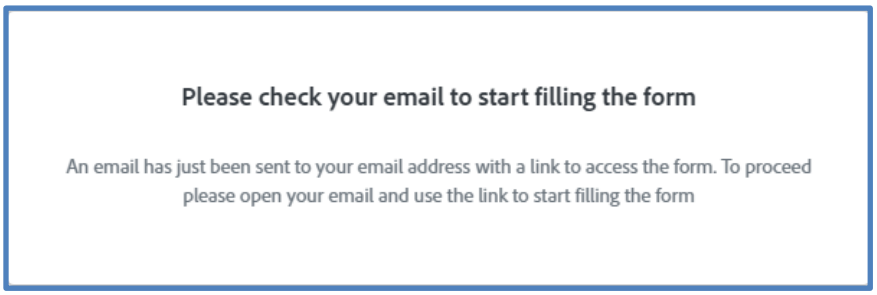
Thank you for enrolling in UnitedHealthcare Financial Protection coverage through your employer's benefits. Your election requires the completion of an Evidence of Insurability (EOI) form. The form can be completed through a fillable pdf and Adobe Sign. This document will outline some tips to ensure a successful Adobe Sign experience.

How to Complete the UHC EOI Using Adobe Sign

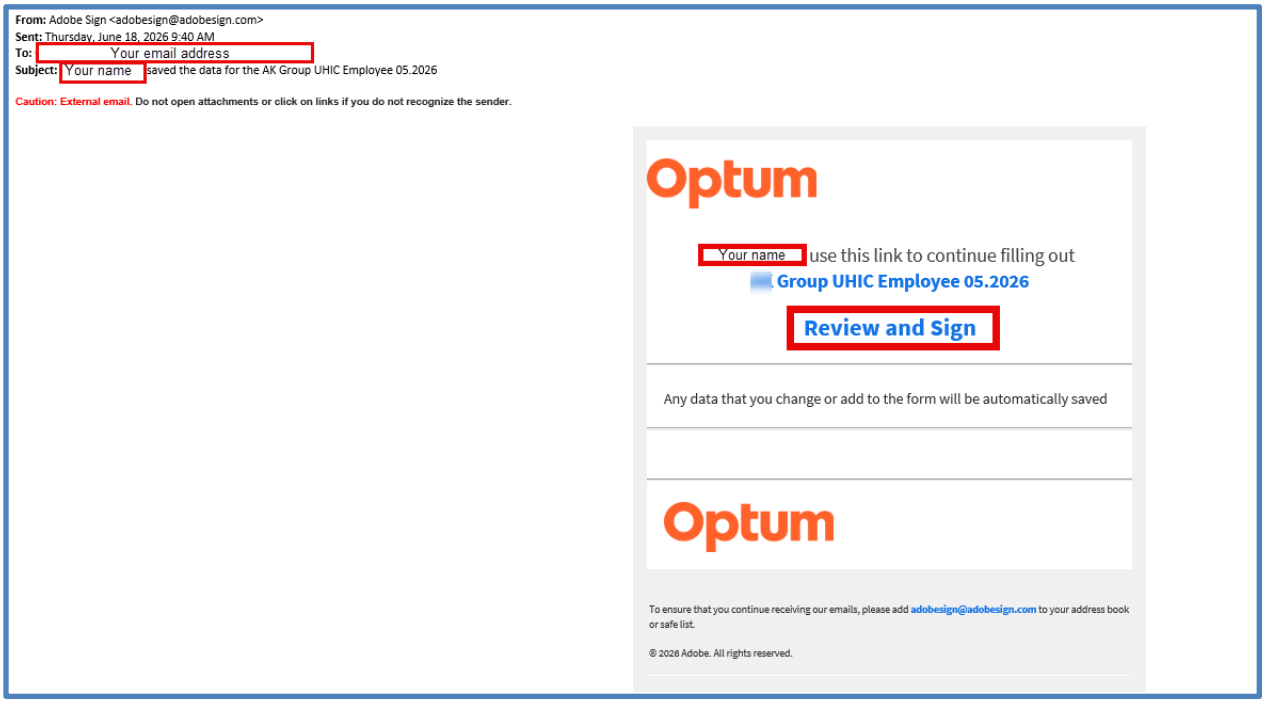
Step 1: Click on the EOI PDF link provided by your benefit administrator. A pop-up will appear asking for your First and Last name and email address.



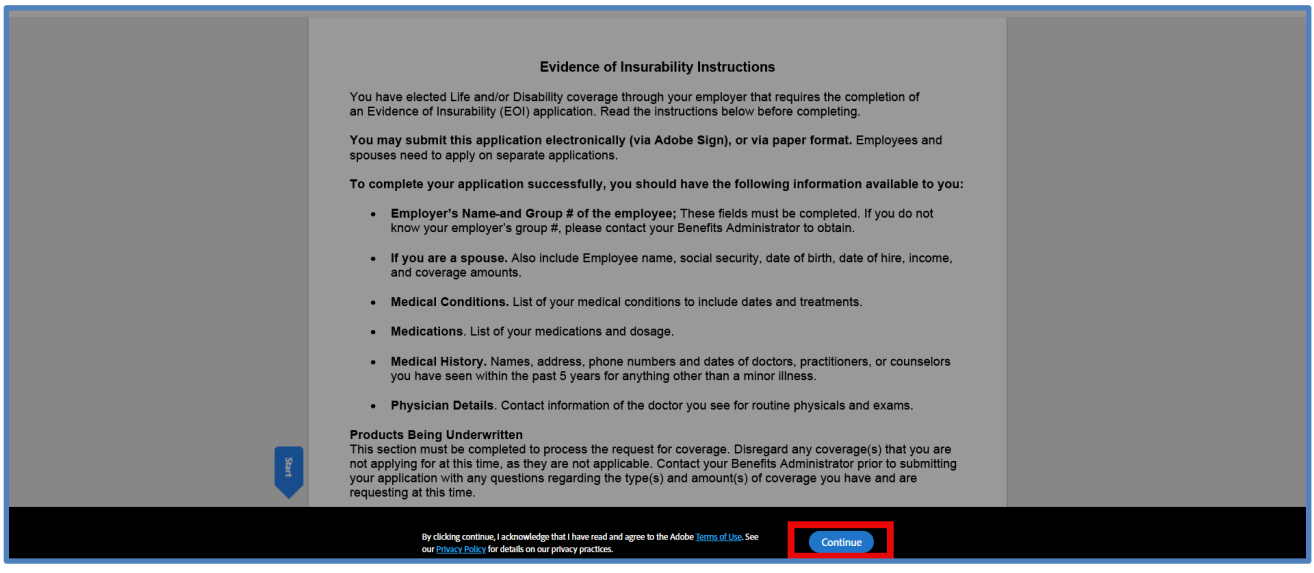
Enter in the requested information then select **Access Form**. You will see a notification pop-up.



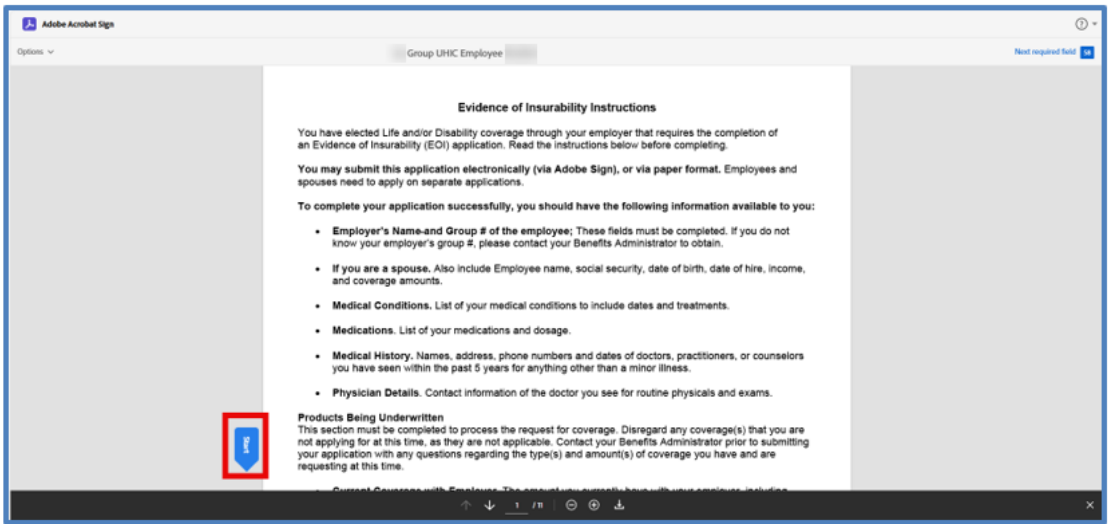
Step 2: Once you have received the email with the link, click on **Review and Sign.**



Step 3: To begin completing the form, you must acknowledge you have read and agree to the Adobe Terms of Use and Privacy Policy which can be found at the bottom of the page and click "**Continue.**"

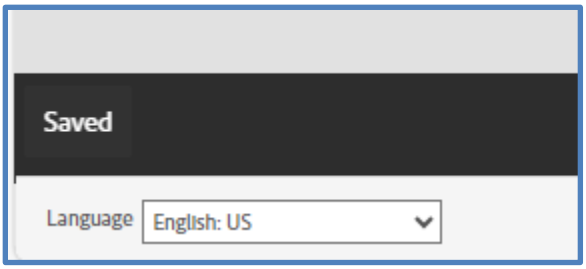


Step 4: Click on the **blue Start flag** to begin completing the EOI. You will be brought to the second page of the EOI where you will enter in your demographic information.

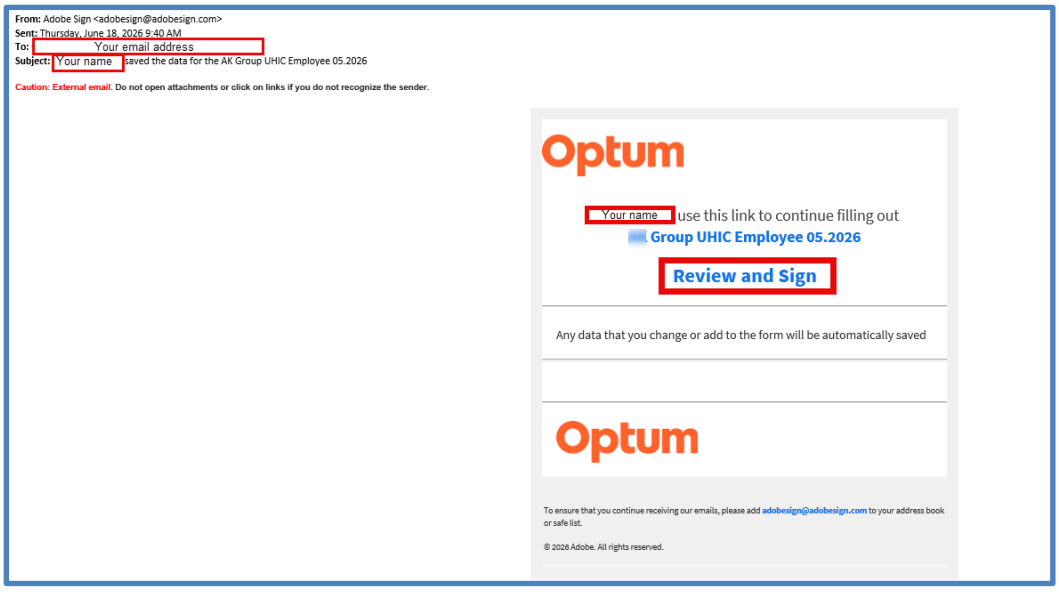


Required fields will be marked with an orange asterisk. If you skip over a required field, you will not be given the opportunity to sign the form. In the upper right-hand corner of the screen, Adobe will alert you to how many required fields need to be completed.

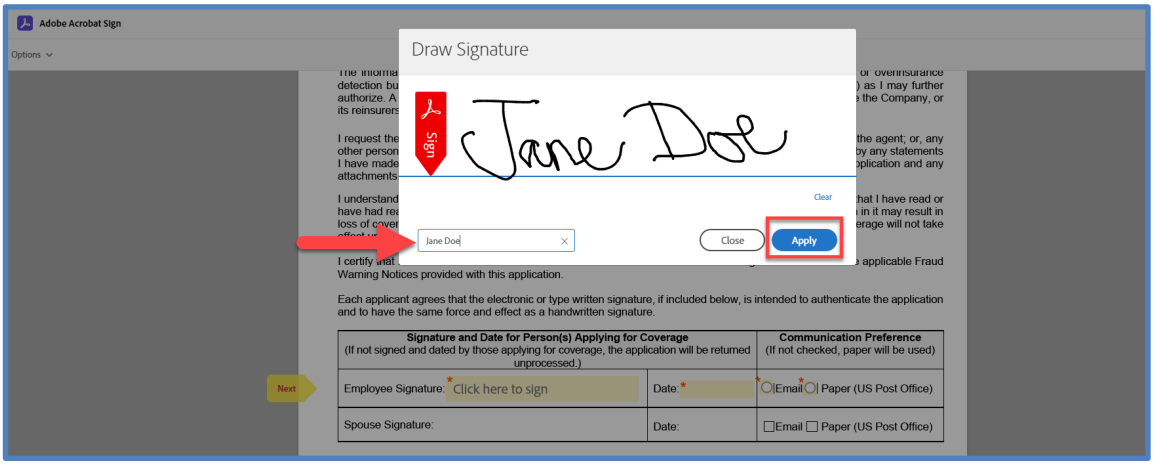
As you are completing the EOI, it will be auto-saving. You will see on the bottom left corner "Saved"



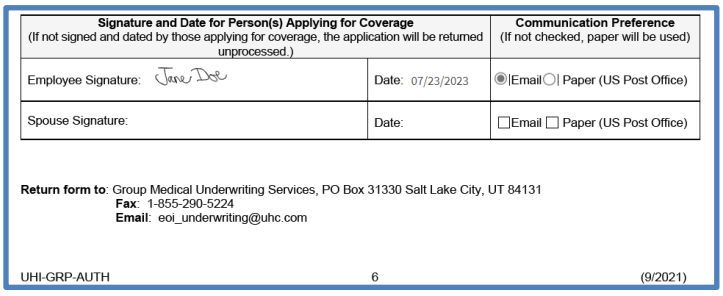
Should you need to step away from the EOI and complete later, you will need to go back to the original email you received with the link to access the EOI and click **Review and Sign.**



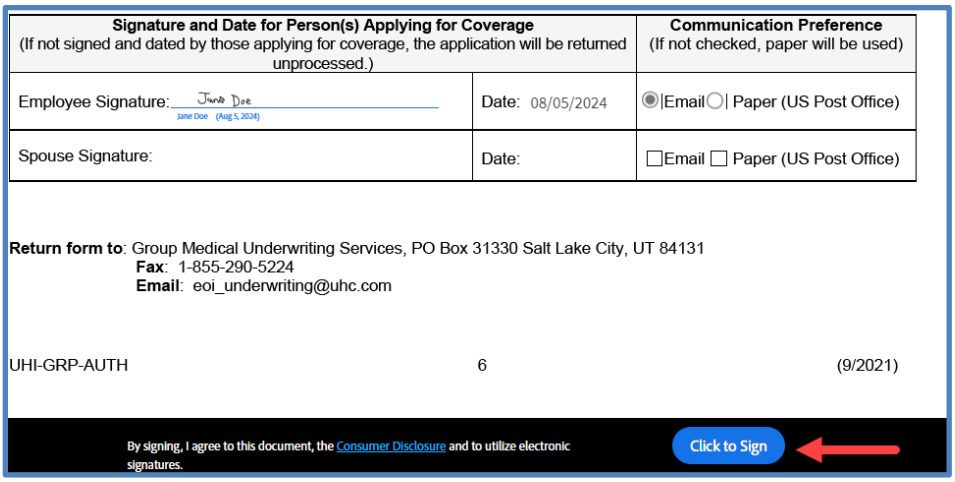
Step 5: Once you have completed the EOI, you will be given the ability to sign your completed EOI form electronically. Click in the Signature box located at the bottom of the authorization page. The **Draw Signature** pop-up box will appear for you to sign your name with either a mouse, a stylus, or your finger. In addition, you will need to type your name in the box below your signature and then click "**Apply**".



After clicking **Apply**, you will be brought back to the Adobe Sign document where your signature will appear, and you will be required to date the Authorization and select your Communication Preference.



Step 6: Once you have signed, dated, and selected your Communication Preference, a message will display at the bottom of the page advising you to "**Click to Sign**."



Signature and Date for Person(s) Applying for Coverage (If not signed and dated by those applying for coverage, the application will be returned unprocessed.)		Communication Preference (If not checked, paper will be used)
Employee Signature: Jane Doe (Aug 5, 2024)	Date: 08/05/2024	◉ Email ○ Paper (US Post Office)
Spouse Signature:	Date:	☐ Email ☐ Paper (US Post Office)

Return form to: Group Medical Underwriting Services, PO Box 31330 Salt Lake City, UT 84131
Fax: 1-855-290-5224
Email: eoi_underwriting@uhc.com

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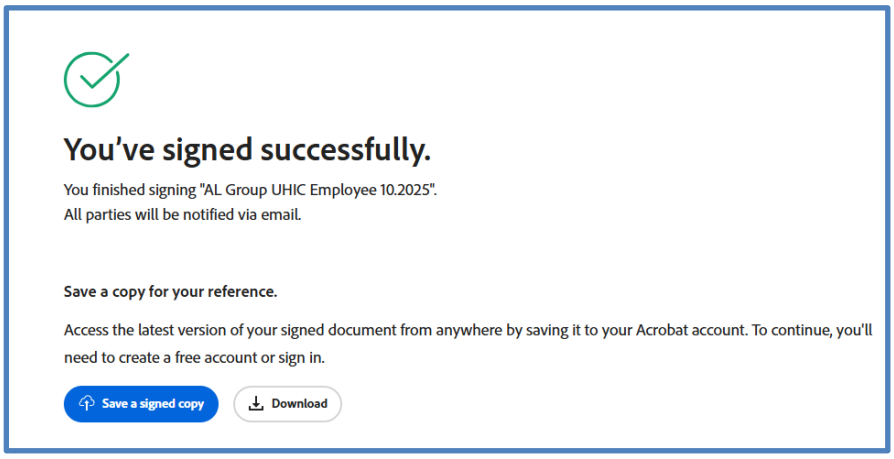
By signing, I agree to this document, the Consumer Disclosure and to utilize electronic signatures. Click to Sign

After **Click to Sign** has been clicked, a screen will populate saying **You're all set".**



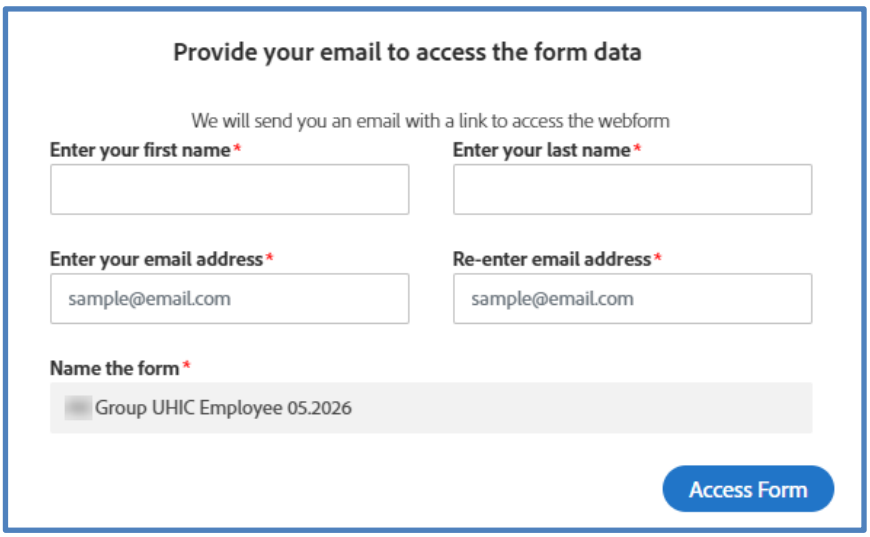
Once you have signed the EOI, you will receive an email from Optum eSignature with a link to your completed EOI form. Additionally, a copy of your completed Adobe Sign document will be automatically sent to the EOI department for review.

How to Print off a Blank UHC EOI Form

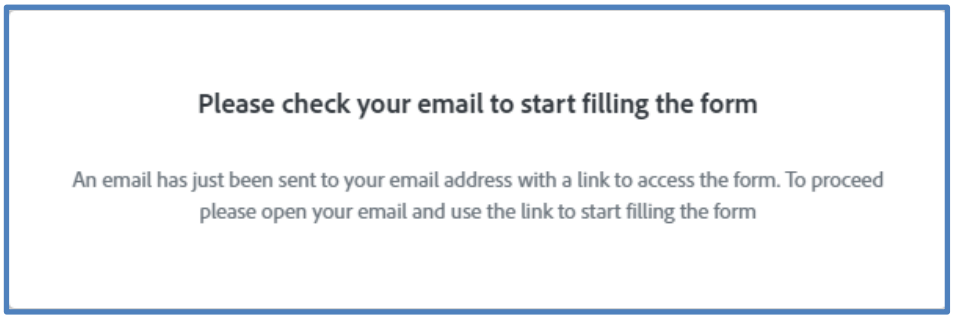
If you decide you do not want to complete the UHC EOI form through Adobe Sign, you have the option to print out a copy of the blank EOI form, complete it in paper, sign in ink and fax or email it to the Evidence of Insurability Underwriting Services team for review.

Email: eoi_underwriting@uhc.com
Fax: **855-290-5224**

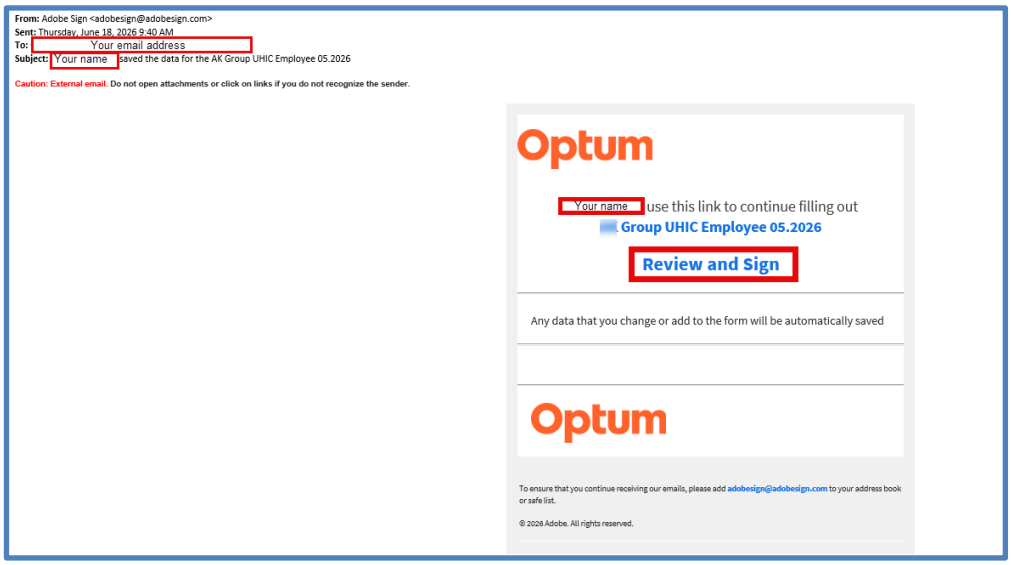
Step 1: Click on the EOI PDF link your employer has provided to you. A pop-up will appear asking for your First and Last name and email address.



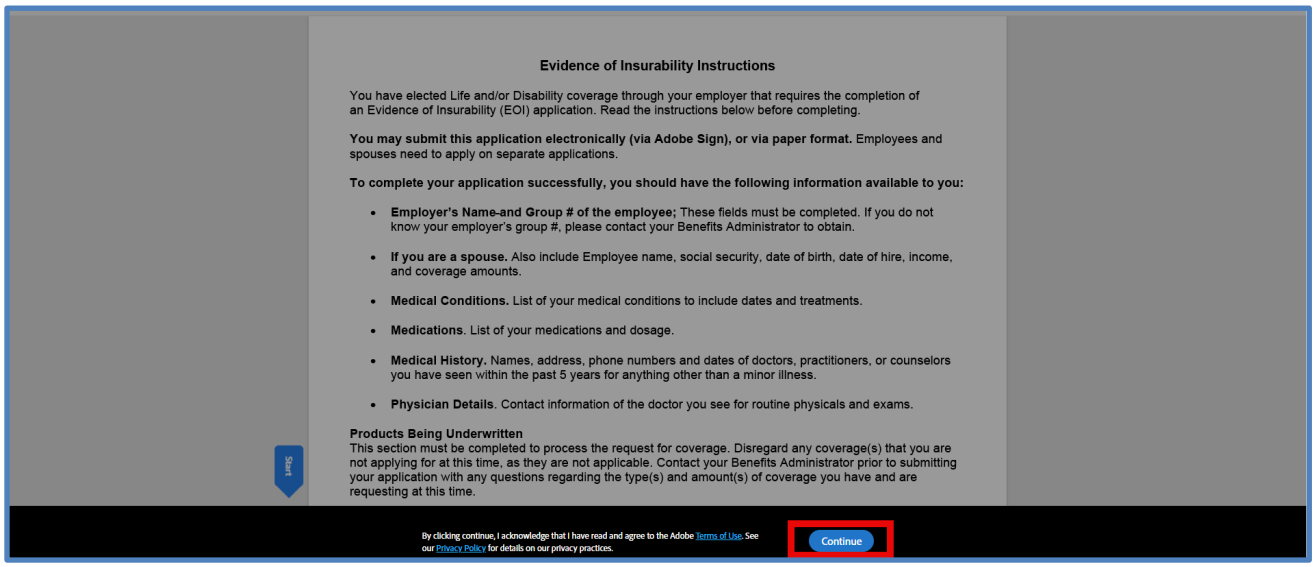
Enter in the requested information then select **Access Form**. You will see a notification pop-up.



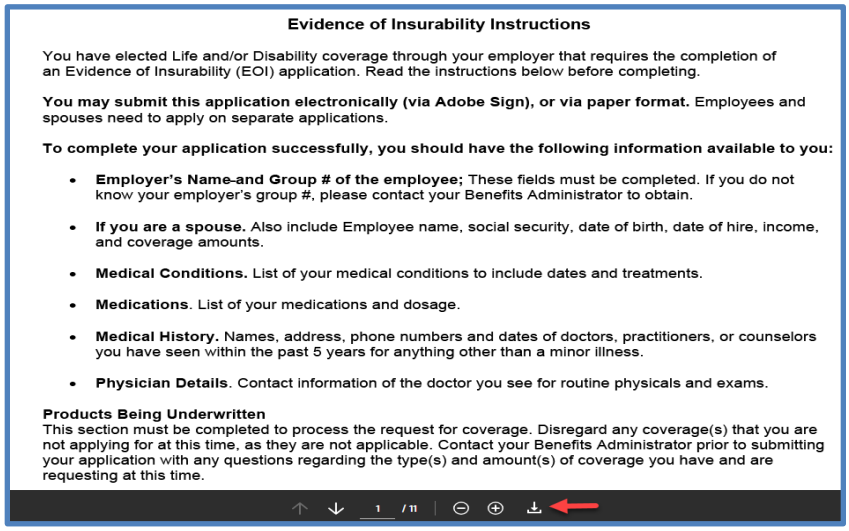
Step 2: Once you have received the email with the link, click on **Review and Sign.**



Step 3: To save the blank EOI form to your desktop, you must acknowledge you have read and agree to the Adobe Terms of Use which can be found at the bottom of the page by clicking on "**Continue.**"



Step 4: Click on the download button at the bottom of the page to download, save and print a blank copy of the EOI form.



Evidence of Insurability Instructions

You have elected Life and/or Disability coverage through your employer that requires the completion of an Evidence of Insurability (EOI) application. Read the instructions below before completing.

You may submit this application electronically (via Adobe Sign), or via paper format. Employees and spouses need to apply on separate applications.

To complete your application successfully, you should have the following information available to you:

- **Employer's Name-and Group # of the employee;** These fields must be completed. If you do not know your employer's group #, please contact your Benefits Administrator to obtain.
- **If you are a spouse.** Also include Employee name, social security, date of birth, date of hire, income, and coverage amounts.
- **Medical Conditions.** List of your medical conditions to include dates and treatments.
- **Medications**. List of your medications and dosage.
- **Medical History.** Names, address, phone numbers and dates of doctors, practitioners, or counselors you have seen within the past 5 years for anything other than a minor illness.
- **Physician Details**. Contact information of the doctor you see for routine physicals and exams.

Products Being Underwritten
This section must be completed to process the request for coverage. Disregard any coverage(s) that you are not applying for at this time, as they are not applicable. Contact your Benefits Administrator prior to submitting your application with any questions regarding the type(s) and amount(s) of coverage you have and are requesting at this time.

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Questions?

If you have any questions regarding the coverage you have elected, contact your Benefits Administrator.

During the process of completing the fillable EOI PDF should you have any questions, you may contact the Evidence of Insurability Underwriting Services

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