

NE Group UHC Employee Only: [NE Group UHC Employee 10.2025](#)

NE Group UHC Spouse Only: [NE Group UHC Spouse 10.2025](#)

*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

(October 2025)

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.

**Provide your email to access the form data**

We will send you an email with a link to access the webform

<b>Enter your first name*</b>	<b>Enter your last name*</b>
<input type="text"/>	<input type="text"/>
<b>Enter your email address*</b>	<b>Re-enter email address*</b>
<input type="text" value="sample@email.com"/>	<input type="text" value="sample@email.com"/>
<b>Name the form*</b>	
<input type="text" value="AL Group UHC Employee 10.2025"/>	

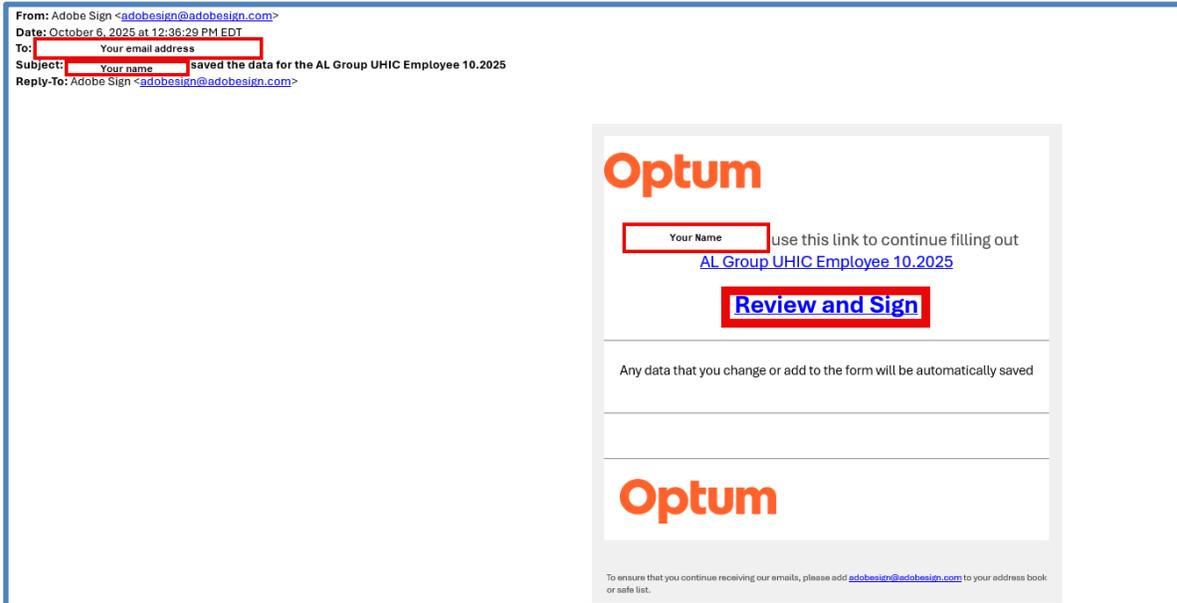
[Access Form](#)

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

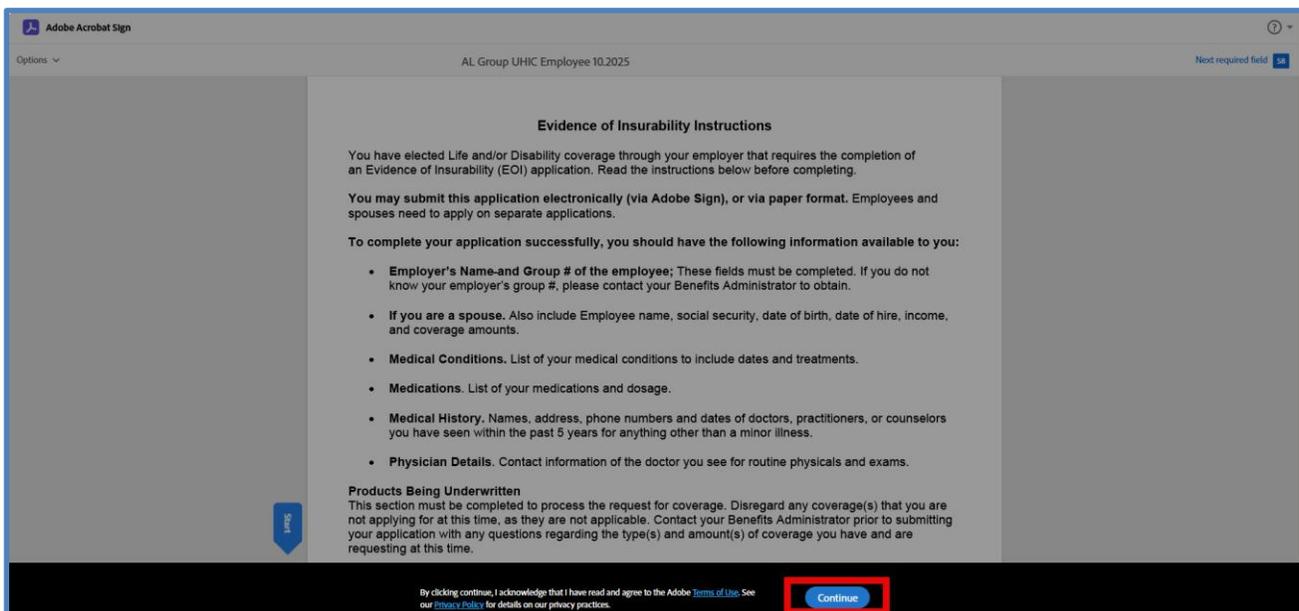
**Please check your email to start filling the form**

An email has just been sent to your email address with a link to access the form. To proceed please open your email and use the link to start filling the form

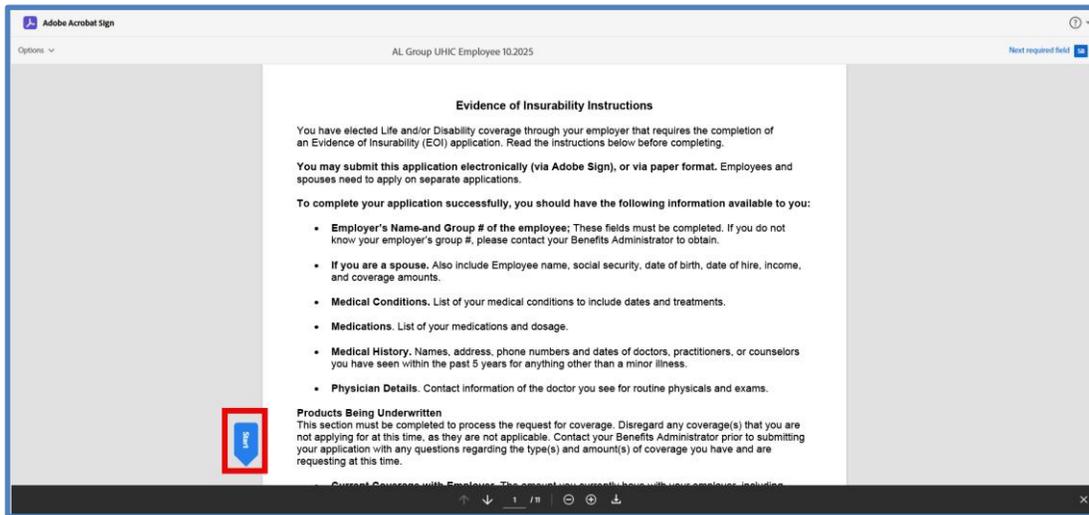
**Step 2:** Once you have received the email with the link, click on **Review and Sign**.



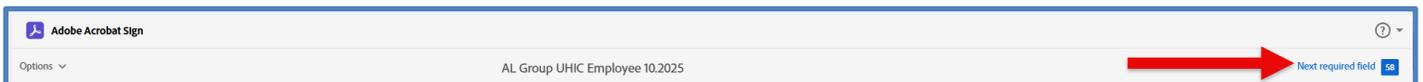
**Step 3:** To begin completing the form, you must acknowledge you have read and agree to the Adobe Terms of Use and Privacy Policy which can be found at the bottom of the page, and click "**Continue.**"



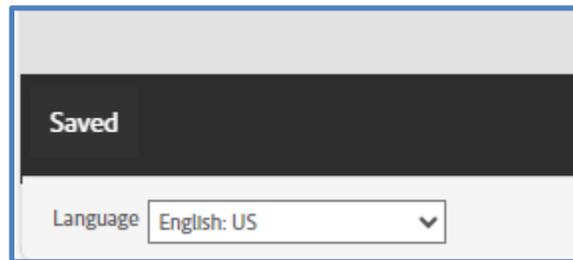
**Step 4:** Click on the **blue Start flag** to begin completing the EOI. You will be brought to the second page of the EOI where you will enter in your demographic information.



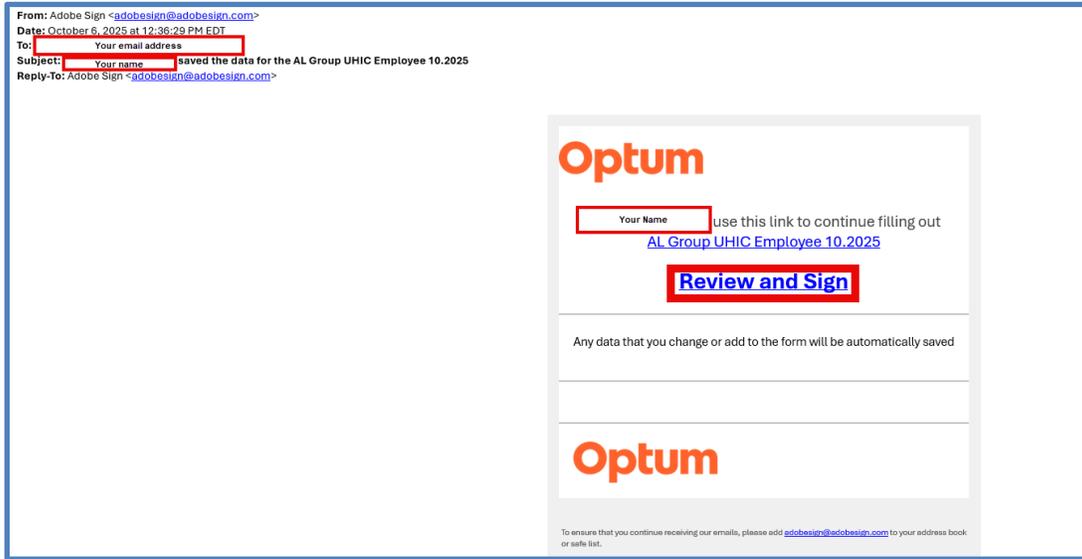
Required fields will be marked with an orange asterisk. If you skip over a required field, you will not be given the opportunity to sign the form. In the upper right-hand corner of the screen, Adobe will alert you to how many required fields need to be completed.



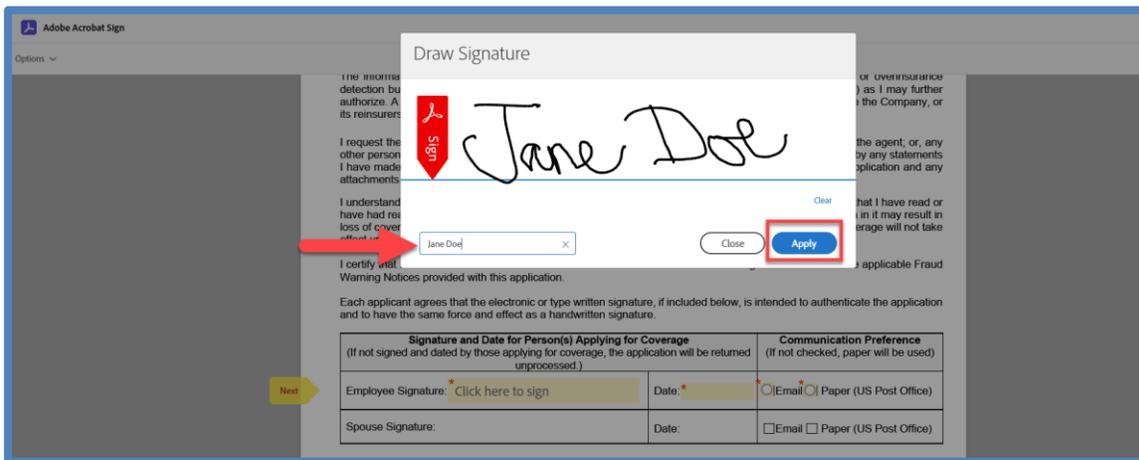
As you are completing the EOI, it will be auto-saving. You will see on the bottom left corner “Saved”



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.

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: <i>Jane Doe</i>	Date: 07/23/2023	<input checked="" type="radio"/> Email <input type="radio"/> Paper (US Post Office)
Spouse Signature:	Date:	<input type="radio"/> Email <input type="radio"/> 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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**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: <u>Jane Doe</u> <small>Jane Doe (Aug 5, 2024)</small>	Date: 08/05/2024	<input checked="" type="radio"/> Email <input type="radio"/> Paper (US Post Office)
Spouse Signature:	Date:	<input type="checkbox"/> Email <input type="checkbox"/> 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”**.



**You've signed successfully.**

You finished signing "AL Group UHC Employee 10.2025".  
All parties will be notified via email.

Save a copy for your reference.

Access the latest version of your signed document from anywhere by saving it to your Acrobat account. To continue, you'll need to create a free account or sign in.

[Save a signed copy](#) [Download](#)

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](mailto: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.

**Provide your email to access the form data**

We will send you an email with a link to access the webform

**Enter your first name\***

**Enter your last name\***

**Enter your email address\***

**Re-enter email address\***

**Name the form\***

AL Group UHIC Employee 10.2025

[Access Form](#)

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

**Please check your email to start filling the form**

An email has just been sent to your email address with a link to access the form. To proceed please open your email and use the link to start filling the form

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

**From:** Adobe Sign <adobeasign@adobeasign.com>  
**Date:** October 6, 2025 at 12:36:29 PM EDT  
**To:**   
**Subject:**  Saved the data for the AL Group UHIC Employee 10.2025  
**Reply-To:** Adobe Sign <adobeasign@adobeasign.com>

**Optum**

use this link to continue filling out  
[AL Group UHIC Employee 10.2025](#)

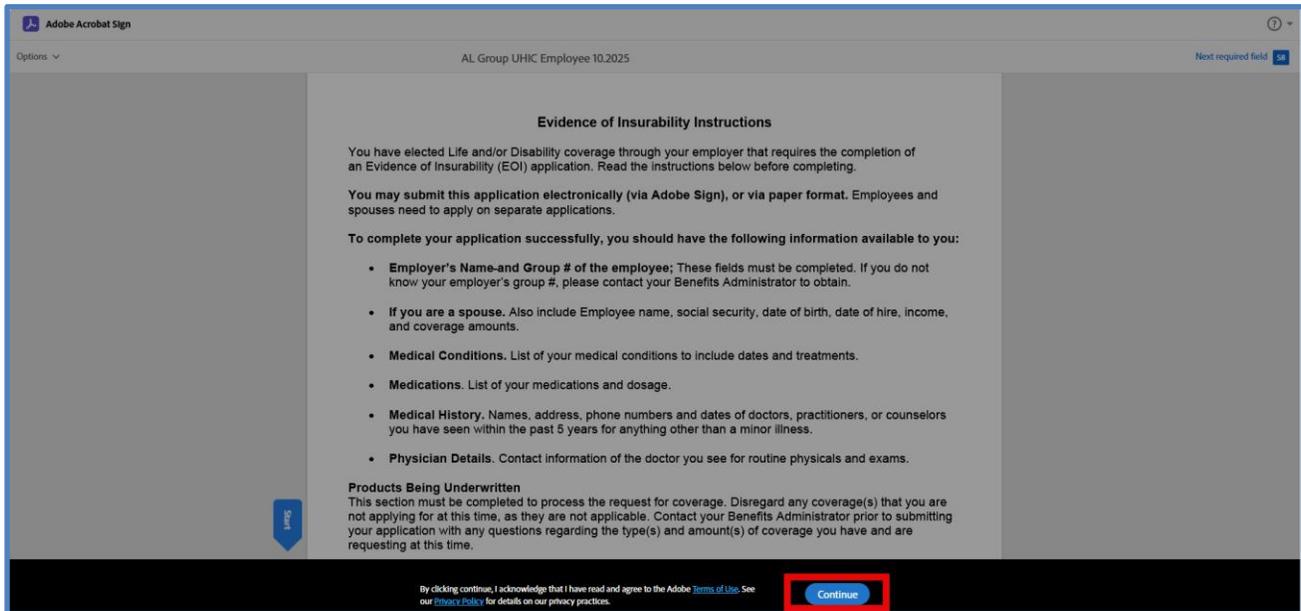
[Review and Sign](#)

Any data that you change or add to the form will be automatically saved

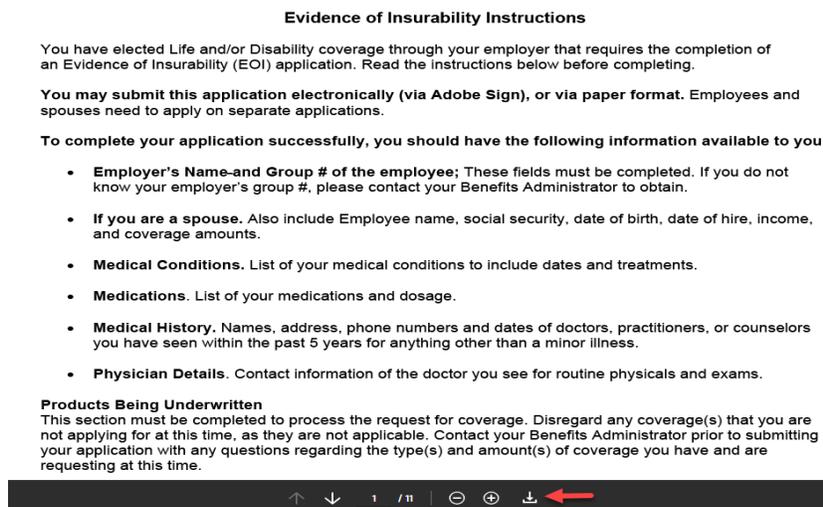
**Optum**

To ensure that you continue receiving our emails, please add [adobeasign@adobeasign.com](mailto:adobeasign@adobeasign.com) to your address book or safe list.

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



## 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:** [eo\\_underwriting@uhc.com](mailto:eo_underwriting@uhc.com)