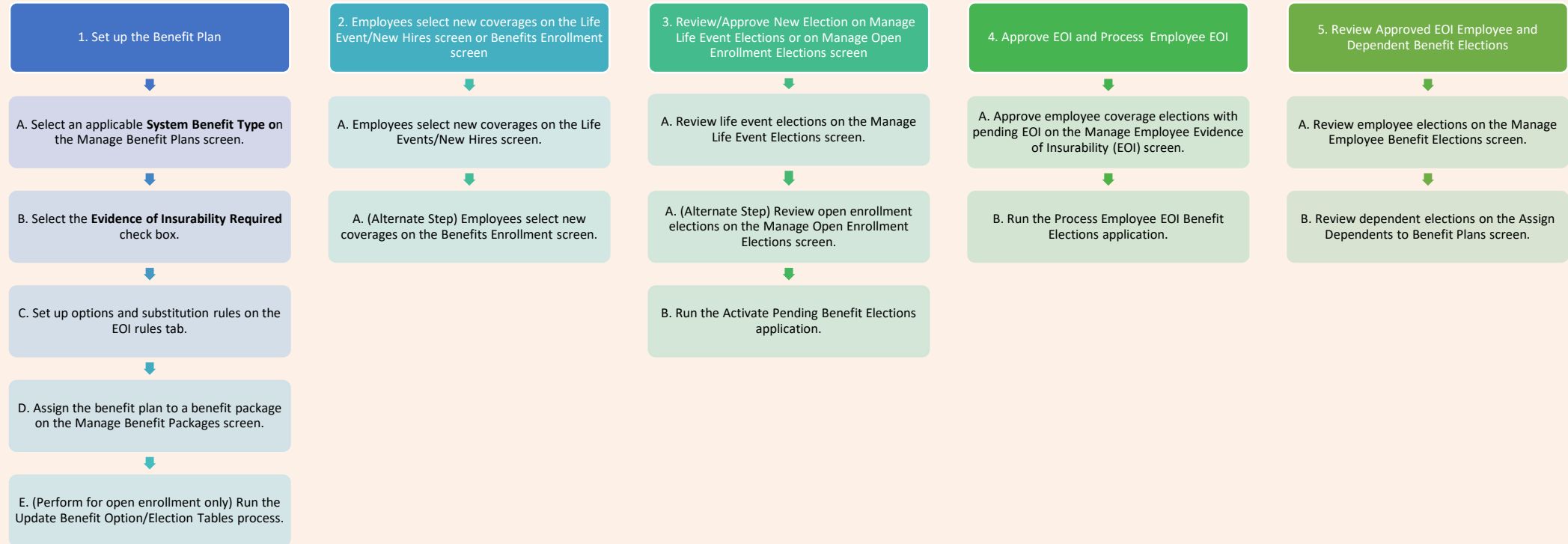


Process Evidence of Insurability Quick Steps

The high-level steps required to process the Evidence of Insurability in Costpoint are shown here. Each step includes sub-steps.



Navigation:

- Use the **PAGE DOWN** key to proceed to the next slide.
- Use the **PAGE UP** key to return to a prior slide.



Benefit Plan

Benefit Plan Code* Description*

Benefit Plan Details Eligibility Rules Enrollment/Coverage Rules EOI Rules

Provider* System Benefit Type* User Benefit Type Plan Information URL Plan Status

Active Inactive

Exclude from ESS Current Elections
Exclude from ESS Benefit Options
Employer-Sponsored Self-Insured Health Plan
High Deductible Health Plan

On the Manage Benefit Plans screen, select a benefit type in the **System Benefit Type** field. EOI fields are enabled for the following benefit types:

- Life Insurance
- AD&D Insurance
- Long Term Disability
- Short Term Disability
- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Spouse Life Insurance
- Spouse AD&D Insurance

[Coverage Detail](#) [Coverage Options](#) [Valid Postal Codes](#) [Valid States](#)



Browse Applications > People > Benefits > Benefit Entry and Creation > Manage Benefit Plans

Benefit Plan Code* Description*

Benefit Plan Details Eligibility Rules Enrollment/Coverage Rules EOI Rules

Enrollment Rules

☐ Any Time Open Enrollment Date

☐ On Hire Grace Period Days

☐ On Qualifying Life Event

☐ Open Enrollment Period

Coverage Rules

☐ Core Benefit ☐ Disability Exclusion

☐ Eligible for COBRA ☐ Require HR Approval in ESS

☐ Dependents Eligible ☐ Require PCP Name and Number

☐ Dependent Spouse or Child ☒ Evidence of Insurability Required

☐ Beneficiaries Required

[Coverage Detail](#) [Coverage Options](#) [Valid Postal Codes](#) [Valid States](#)

B

On the Enrollment/Coverage Rules tab of the Manage Benefit Plans screen, select the **Evidence of Insurability Required** check box for benefit plans that require EOI.



Benefit Plan Code* Description*

Benefit Plan Details Eligibility Rules Enrollment/Coverage Rules **EOI Rules**

New Employee/New Benefit Plan

☐ Over the guarantee issue limit of:

Existing Employee/New Benefit Plan

☐ Any amount

☐ Over the guarantee issue limit of:

☐ Greater than the Employee's salary multiplied by a factor of:

Existing Employee/Same Benefit Plan

☐ Increased by any amount

☐ Increased by the following amount:

☐ Over the guarantee issue limit of:

☐ Greater than the Employee's salary multiplied by a factor of:

Substitution Rules

Substitution Rules as follows:

☐ Substitution without requiring an EOI

☐ Substitution without requiring an EOI

☐ Substitution without requiring an EOI

EOI Form URL/Location

[Coverage Detail](#) [Coverage Options](#) [Valid Postal Codes](#) [Valid States](#)

C

On the EOI Rules tab of the Manage Benefit Plans screen, set up the rules for benefit plan substitution. The substitution settings will be used in case EOI is not approved.



Identification New Delete 1 of 1 Existing Table Query

Benefit Package Code*

Description*

Package Deduction

[Benefit Package Details](#)

Benefit Package Details New Copy Delete Query

	Benefit Plan*	Coverage Option*
<input checked="" type="checkbox"/>	KATHSPOUSELF	30K
<input type="checkbox"/>	KATHSPOUSELF	40K
<input type="checkbox"/>	KATHSPOUSELF	50K
<input type="checkbox"/>	KATHSPOUSELF	5K
<input type="checkbox"/>	KATHSPOUSELF	60K
<input type="checkbox"/>	KATHSPOUSELF	70K
<input type="checkbox"/>	KATHSPOUSELF	NO CVG

Close

D

On the Manage Benefit Packages screen, assign the benefit plan to the benefit package.



Browse Applications > People > Employee Self Service > Benefit Activation > Update Benefit Option/Election Tables

→ Identification New Copy Delete 1 of 1 New Table Query

Parameter ID * Description *

Selection Ranges

Option

Taxable Entity All

Employee All

Perform this step before open enrollment only.
On the Update Benefit Option/Election Tables
screen, run the process for the applicable taxable
entity/employees.

Options

☐ Current Elections ☐ Benefit Options

FSA and HSA Election/Options

☒ Medical Care ☒ Dependent Care ☒ HSA

Miller, Anna Leigh (108332)

Life Event: * MARRIAGE

Life Event Date: * 08/18/2020

Status: Unconfirmed

- Instructions
- Address/Phone
- Emergency Contacts
- Federal Withholding
- State Withholding
- Direct Deposit
- Dependents and Beneficiaries
- Medical Insurance
- Dental Insurance
- Employee Life Insurance
- Accidental Death & Dismemberment
- Long Term Disability
- Supplemental Life Insurance
- Supplemental AD&D
- Dependent Life Insurance
- Spouse Life Insurance
- Spouse AD & D Insurance
- Other Benefits
- Medical FSA
- Dependent FSA
- Medical HSA
- Beneficiaries
- Summary

Spouse Life - Current Coverage Level

You are currently not covered under this benefit plan. To enroll, please make a selection under New Coverage and click Save.

[Select New Coverage Level](#)
[Select Spouse for Coverage](#)
[Instructions](#)

Select New Coverage Level

Select	Plan	Coverage Level	Semi-Monthly Premium	Plan Information	Evidence of Insurability	EOI Form Location
<input type="checkbox"/>	Spouse Life Insurance	No Coverage	0.00	N/A	Not Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>	Spouse Life Insurance	\$5,000	2.50	N/A	Not Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>	Spouse Life Insurance	\$10,000	5.00	N/A	Not Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>	Spouse Life Insurance	\$15,000	7.50	N/A	Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input checked="" type="checkbox"/>	Spouse Life Insurance	\$20,000	10.00	N/A	Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>	Spouse Life Insurance	\$25,000	12.50	N/A	Required	https://home.acme.com/hrdocuments/spouselifeoi.p

Select Spouse for Coverage

Select	Spouse	Relationship
<input checked="" type="checkbox"/>	Jason Thomas Watkins	Husband

A

Perform this step for life events only.

On the Life Events/New Hires screen, employees will select a plan on the Select New Coverage Level subtasks of applicable benefit tabs during the new hire process and certain life events.



Miller, Anna Leigh (108332)

Open Enrollment Start and End Dates: 08/01/2020 - 11/30/2020

Benefits Start and End Dates: 01/01/2021 - 12/31/2021

- Instructions
- Current Elections
- Dependents and Beneficiaries
- Medical Insurance
- Dental Insurance
- Employee Life Insurance
- Accidental Death & Dismemberment
- Long Term Disability
- Supplemental Life Insurance
- Supplemental AD&D
- Dependent Life Insurance
- Spouse Life Insurance
- Spouse AD & D Insurance
- Other Benefits
- Medical FSA
- Dependent FSA
- Medical HSA
- Beneficiaries
- Summary

Supplemental Life - Current Coverage Level

You are currently not covered under this benefit plan. To enroll, please make a selection under New Coverage and click Save.

[Select New Coverage Level](#)

Select New Coverage Level

	Select	Plan	Coverage	Coverage Amount	Semi-Monthly Premium	Plan Information	Evidence of Insurability	EOI Form Location
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplemental Life Insurance	No Coverage	0.00	0.00		Not Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$25,000	25,000.00	12.50		Not Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$30,000	30,000.00	15.00		Not Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$40,000	40,000.00	20.00		Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$50,000	50,000.00	25.00		Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$60,000	60,000.00	30.00		Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$70,000	70,000.00	35.00		Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$80,000	80,000.00	40.00		Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$90,000	90,000.00	45.00		Required	https://home.acme.com/hrdocuments/supplement
	<input checked="" type="checkbox"/>	Supplemental Life Insurance	\$100,000	100,000.00	50.00		Required	https://home.acme.com/hrdocuments/supplement
	<input type="checkbox"/>	Supplemental Life Insurance	\$125,000	125,000.00	62.50		Required	https://home.acme.com/hrdocuments/supplement

A

Perform this step for open enrollment only.

On the Benefits Enrollment screen, employees will select a plan on the Select New Coverage Level subtask of each available benefit tab during open enrollment.

Identification

Employee	108332	Miller, Anna L	Life Event	MARRIAGE
Benefit Package	US_FULLTIME	U.S. Full Time Employee BenPkg	Life Event Date	08/18/2020

[Dependent FSA Election](#)
[Medical FSA Election](#)
[HSA Election](#)

Benefit Type Name	Benefit Plan *	Benefit Plan Name	Coverage Option *	Coverage Option Name	Start Date *	End Date	Employee Premium	Coverage Amount	EOI Status *	EOI Received Date
AD&D Insurance	AD & D	AD & D	ACC/DIS	Accidental Death/Dismemberment	08/18/2020	12/31/2020	10.00	1.000000	Not Required	
Health Care Insurance	BLUE CROSS	Blue Cross/Blue Shield	EMPL+SPOUSE	Employee & Spouse Only	08/18/2020	12/31/2020	522.00	0.000000	Not Required	
Dental Insurance	DENTAL	Dental	EMPL+1DEN	Employee +1 Dental	08/18/2020	12/31/2020	51.00	0.000000	Not Required	
Dependent Life Insurance	DEPLIFE	Dependent Life	NO CVG	No Coverage	08/18/2020	12/31/2020	0.00	0.000000	Not Required	
Long Term Disability	JEAN-LTD	Long Term Disability	NO CVG	No Coverage	08/18/2020	12/31/2020	0.00	0.000000	Not Required	
Spouse Life Insurance	<input checked="" type="checkbox"/> KATHSPOUSELF	Spouse Life Insurance	DEP CVG	Dependent Coverage	08/18/2020	12/31/2020	20.00	20,000.000000	Required	
Supplemental Life Insurance	KSUPLIFE	Supplemental Life Insurance	30K	\$30,000	08/18/2020	12/31/2020	30.00	30,000.000000	Not Required	

Edit Dependent Elections

Dependent Name *	Watkins, Jason T		<input type="checkbox"/> Approved by HR
Relationship	Husband		EOI Status *
Other Relationship			Required
Benefit Type	Spouse Life Insurance		EOI Received Date
Coverage Option *	20K	\$20,000	
Start Date *	08/18/2020		PCP Name
End Date	12/31/2020		

A

Perform this step for life events only.

On the Manage Life Event Elections screen, review and, if applicable, change the EOI status of employee and spouse life event benefit elections.

Edit Dependent Elections

Perform this step for open enrollment only.

Note: You can also use the Approve Open Enrollment Elections by Plan screen to mass approve multiple elections that have an **Approved** EOI status.

[Browse Applications](#) > [People](#) > [Employee Self Service](#) > [Benefit Activation](#) > [Activate Pending Benefit Elections](#)

[Identification](#)
New Copy Delete 1 of 1 New Table Query

Parameter ID * Description *

Type

- ☒ Open Enrollment Elections
- ☐ Elections Based on Life Events

Selection Ranges

	Options	Start	End
Taxable Entity *	All	<input type="text"/>	<input type="text"/>
Pay Cycle *	All	<input type="text"/>	<input type="text"/>
Employee *	All	<input type="text"/>	<input type="text"/>
Through Life Event Date	One	<input type="text"/>	<input type="text"/>

☐ Employee Non-Contiguous Range

Options
 Missing Election Method * End Current Elections

[Employee Non-Contiguous Ranges](#)

B

On the Activate Pending Benefit Elections screen, run the process for open enrollment elections or elections based on life events.



Browse Applications > People > Employee > Employee Benefit Information > Manage Employee Evidence of Insurability (EOI)

Identification New Copy Delete 1 of 2 Existing Table Query

Employee *	108332	Miller, Anna L
Taxable Entity	KATH	
Record Source	Activate Pending Benefit Elections	

Benefit Election Details

Benefit Package *	US_FULLTIME	Coverage Amount	20,000.00
Benefit Plan *	KATHSPOUSELF	Coverage Limit	999,999,999,999.00
Coverage Option *	20K	Enrollment Method	Life Event
Spouse	Watkins, Jason T	Life Event	MARRIAGE
Start Date *	08/18/2020	EOI Status *	Required
End Date *	12/31/2020	EOI Received Date	
		EOI Document	

Process Status

☒ Coverage Option Substituted because EOI Status = Denied or Required

☐ Benefit Election Uploaded

A On the Manage Employee Evidence of Insurability (EOI) screen, approve or deny the employee elections with **EOI Status** that have not been approved.



Browse Applications > People > Employee > Employee Benefit Information > Process Employee EOI Benefit Elections

→ Identification New Copy ▼ Delete 1 of 1 New Table Query ▼

Parameter ID * Description *

Selection Ranges

	Options	Start	End	
Through Effective Date *	One			
Taxable Entity *	All ▼			
Employee *	All ▼			<input type="checkbox"/> Non-Contiguous Ranges
Benefit Plan *	All ▼			
Pay Cycle *	All ▼			

[Employee Non-Contiguous Ranges](#)

B

On the Process Employee EOI Benefit Elections screen, run the process for applicable employee and spouse benefit elections.

Browse Applications > People > Employee > Employee Benefit Information > Manage Employee Benefit Elections

New Copy Delete 1 of 1 Existing Table Query

Employee * 108332 Miller, Anna L

Current Benefit Package * US_FULLTIME U.S. Full Time Employee BenPkg

Benefit Totals

Premium Amount	Employee Amount	Company Amount	Total
----------------	-----------------	----------------	-------

Benefit Elections Details																New	Copy	▼	Delete	Form	Query	▼
<input checked="" type="checkbox"/>	Benefit Package	Benefit Plan *	Coverage Option *	Rate Table	Start Date *	End Date	Enrollment Method	Life Event	Taxable Entity	Employee Amount	Company Amount	Premium Amount	Deduction	Deduction Description	Deduction Method	EOI Status	EOI Received Date					
	US_FULLTIME	KATHSPOUSELF	DEP CVG		08/18/2020	12/31/2020	Life Event ▼	MARRIAGE	KATH	20.00	0.00	20.00	SPLIFE	Spouse Life	FIXAMT	Not Required						
<div>◀</div> <div></div> <div>...</div> <div></div> <div>▶</div>																						

A On the Manage Employee Benefit Elections screen, review the EOI status of the processed/active employee benefit election records.



Identification New Copy Delete 1 of 1 Existing Table Query

Employee* 108332 Miller, Anna L

Dependent Coverage

Benefit Information

Benefit Plan* KATHSPOUSELF Spouse Life Insurance
 Coverage Option* 20K
 Start Date* 08/20/2020 End Date 12/31/2020

Dependent Details

Dependent Name* Watkins, Jason T Gender M
 Relationship Husband Date of Birth 02/02/1972
 SSN

Evidence of Insurability

EOI Status Approved EOI Document
 EOI Received Date 08/20/2020

Medical Information

Primary Care Physician PCP#
 Physician 2
 Dentist
 Pharmacy

B On the Assign Dependents to Benefit Plans screen, review the EOI status of processed/active dependent benefit election records.

Import



Identification New Copy Delete 1 of 1 Existing Table Query

Employee* 108332 Miller, Anna L

Dependent Coverage

Benefit Information

Benefit Plan* KATHSPOUSEL Self
 Coverage Option* 20K
 Start Date* 08/20/2020

Dependent Details

Dependent Name* Watkins, Jason T
 Relationship Husband
 SSN

Evidence of Insurability

EOI Status Approved EOI Document
 EOI Received Date 08/20/2020

Medical Information

Primary Care Physician PCP#
 Physician 2
 Dentist
 Pharmacy

Import

This concludes the
Process Evidence of Insurability Quick Steps.