enroll now additional life insurance for your Spouse/Domestic Partner

GUIDE TO ONLINE ENROLLMENT

OVERVIEW

Employees are required to have a Declaration of Marriage/Domestic Partnership on file with the City of Bellevue to elect additional spouse/domestic partner life insurance. It is available in increments of \$10,000; maximum of \$250,000 or 100% of the employee's life insurance amount, whichever is less. Cost is based on age and tobacco usage.

Newly eligible employees applying for spouse/ domestic partner life coverage within 30 days of initial eligibility are guaranteed up to \$20,000 in coverage. Approved coverage appears as **Current Coverage,** and the cost appears as a monthly employee cost.

Coverage applied for outside of initial eligibility and/or an amount greater than guaranteed coverage requires submittal of **Evidence of Insurability** to The Standard for underwriting. When City of Bellevue HR is notified the coverage can or cannot be underwritten, it will either approve or reject the elected coverage. The effective date and cost of newly elected coverage will be updated per The Standard's decisions.

Note: Employee paid spouse/domestic partner life and AD&D insurance premiums are payroll deducted from every check. The monthly amount that appears in Bellevue Benefits will be divided by two (2) for the semi-monthly deduction amount.

Scroll to the bottom of any "**Enroll Now**" page and click "**Forms Library**" to access additional resources or benefits information.





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INSTRUCTIONS

Make sure your spouse/domestic partner is entered as a dependent in Bellevue Benefits.

Click **"Select Coverage"** to open the dropdown box to select coverage.

Click **"Enroll."** The Tobacco Affidavit will open. Click "Select one" to open the drop- down box to answer the tobacco question.

Click "**Reset**" to clear the information added/ changed and start over.

Click **"Save"** and you will return to the Enroll Now Additional Spouse or Domestic Partner Life screen and have a calculated premium for the insurance. Use **"Click here to view Spouse or DP Tobacco Affidavit"** to view or make changes to an existing spouse/domestic partner age and tobacco use affirmation.

To see the cost of other coverage amounts, repeat the process for electing coverage.



Click **"Enroll"** to accept a current/elected coverage amount and cost and advance to the next screen.

Click **"Waive this benefit"** to waive additional employee AD&D and advance to the next screen.

Click "**Back**" to return to the last screen from which you advanced.

Click **"Continue"** to advance to the next screen if you are not making any changes to an existing election.

The **Election Summary** deduction information on the right side of the screen will update based on your elections for the pay period indicated (From Your Pocket). **Note:** An effective date of coverage may be in a future pay period.

Change Approval pop-up will appear if an administrator approval is required. The benefit election will be flagged as pending.

Evidence of Insurability GUIDE TO ONLINE ENROLLMENT

OVERVIEW

Any life insurance coverage applied for outside of the initial eligibility date and/or an amount greater than guaranteed coverage requires submittal of Evidence of Insurability to The Standard for underwriting.



INSTRUCTIONS

Download EOI Form

Please click on the `The Standard` below to access the Evidence of Insurability online form The Standard

Click "**The Standard**" to open the application process that allows you to complete a medical history statement to submit Evidence of Insurability online -or- download a printable PDF form that can be used to submit Evidence of Insurability by mail.

Close The Standard when finished to return to Bellevue Benefits.

Bellevue Benefits will time out after a period of inactivity. If your Bellevue Benefits session has timed out, you will need to log back in to complete the enrollment workflow for your new hire, annual enrollment or qualified event. All of the election decisions saved before the time out will be saved, but you will have to go through each step/screen in the workflow again.

Submit Evidence of Insurability

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bmission of this application does not guarantee approval of coverage requiring evidence of insurability. s process generally takes between 10 and 20 minutes if you have all required information. Please be aware you will not have the support of the support of the decimation of the support	Medi
opportunity to save a draft during this time. For your protection, this submission session will time out after 30 minutes or clivity.	P: 80
Required Information You must be prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed. If you do not have this information reaction of the prepared with the following information before you can proceed.	3 FAG Insu
1. Member's employment details	
2. Coverage details	
3. Personal identification	
4. Medical conditions ✓ Diagnoses ✓ Types of treatment ✓ Dates for treatment	
5. Physicians or clinics Vames V Locations V Phone numbers	
Note for Spouse Apple and this evidence of insurability indication is for a spouse applicant, he or she must complete the medical history statement and decirculedly sign in this submission.	
I have read and agree to the Terms and Consent.	
Children START A NEW SUBMISSION	
ou prefer, you may choose a printable PDF form to submit evidence of insurability by mail.	

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