Guide to Life Claims and Evidence of Insurability (EOI)

BlueCross BlueShield of Texas

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

We are always working to provide our customers with the best possible outcomes. Whether it's a life claim or an EOI application, we evaluate each one with care and consideration while offering a respectful and empathetic service experience.

The following guide provides specific information regarding the life claims and EOI experience.

Claim Forms:
bcbstx.com/ancillary

Claim Submission:
Fax: 855-645-8242

Mail to:
P.O. Box 7070,
Downers Grove, IL 60515

Online: Benefits Manager

Waiver of Premium: If you have Long-Term Disability (LTD) coverage with us, Waiver of Premium claims are initiated through a seamless process from LTD claims. Waiver of Premium forms are not needed to initiate the claim.

Eligibility Records to Establish Coverage for All Claims

- Original, photocopy or screen print of enrollment form
- Payroll records verifying annual salary at the time of death (if the benefit is based on salary)
- For voluntary benefits, proof of payroll deduction

How to File a Life, Accelerated Death Benefit (ADB), Accidental Death and Dismemberment (AD&D) or Waiver of Premium Claim

For Life & AD&D Claims

A life claim form must be completed and submitted:

- Part 1: Completed by employer/administrator
- Part 2: Completed by the beneficiary(ies)

The following documents must accompany the claim form:

- A copy of a certified death certificate (CDC) (For coverage over $500,000, we require original CDC with a seal. We can send the Original copy back to you after verification, if required)
- The insured's original beneficiary designation form, as well as any changes made subsequently
- For accidental death benefits, the following must be provided as well:
  - Official completed police report
  - Proof of seatbelt/airbag use, if applicable
  - Newspaper clipping(s) of accident, if applicable
  - Coroner's report, findings and/or toxicology report

If the beneficiary is:

- **A minor, an estate or an individual who is incompetent to handle finances:** Provide an original court order appointing a legal representative or guardian to handle financial affairs of the beneficiary.
- **Deceased:** Provide proof of death, a copy of the final certified death certificate and documentation of the secondary beneficiary.
- **A Trust:** Provide documentation verifying the existence of the trust, documentation that the trust has been named the beneficiary and tax ID number of the trust.
- If there is a known funeral home assignment, a copy of itemized statement including Tax ID is required

Each beneficiary must complete and sign the Beneficiary/Claimant Statement. If no named beneficiary survives the insured or none named, we pay the claim according to the Facility of Payment Provision in the certificate.

For Waiver of Premium Claims

A Waiver of Premium Claim Form must be completed and submitted:

- Part 1: Completed by the employer/administrator
- Part 2: Completed by the insured, or if deceased, by his/her spouse, registered domestic partner or legal representative
- Part 3: Completed by the attending physician

- Authorization for release of information, signed by insured—If additional medical information is needed, medical records are requested and reviewed by clinician for disability assessment
- If LTD coverage is with us there is no need to file a separate waiver or premium claim. A seamless process will initiate the waiver claim a month before the waiver begin date. If there is no LTD coverage with us, regular claim submission for waiver of premium applies (STD only and Life coverage).
- A waiver of premium claim must be filed within the required timeframe outlined in the certificate (usually 12 months from the date of disability)
- Premium payments must absolutely continue through the waiver of premium elimination period (typically 6 or 9 months)
  - If termination occurs before the 6 or 9-month elimination period (based on your certificate) is met it is critical that:
    - Conversion privileges are provided to the employee
    - Employee converts or ports their coverage and continues to pay premiums
    - Waiver of premium determination is made. If approved, the converted policy is rescinded and premium paid are refunded to the employee
- Waiver of premium benefit continues if the employee remains totally disabled and meets the policy requirements or until the policy termination date, if applicable.

Processing Times for Life, ADB, AD&D and Waiver of Premium Claims

1. First Action Completed: **3 to 5 days**
2. Turnaround Time: **5 to 7 days** (Once the claim is approved, the payment check is released on the next business day if there are no regulatory issues with the payee.)
3. Follow-up Time: After the initial intake of the claim, we follow up after 2/5/7/15/30 days for missing information. The follow-ups for required info varies based on factors surrounding the claim situation. However, with written requests, we follow up in 15- or 30-day intervals.

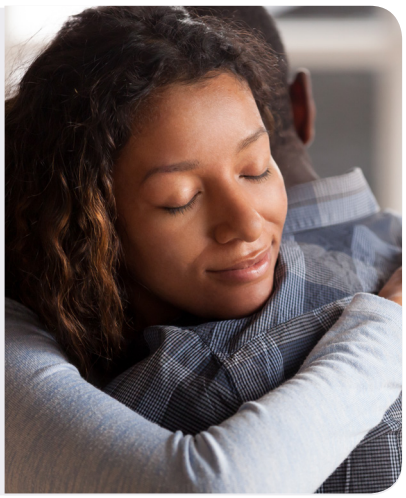
Beneficiary Resource Services™[1]

Services for Insureds, Beneficiaries and Their Families

We understand the unique issues that often result from losing a loved one. To help with these challenges, Beneficiary Resource Services is available to members and beneficiaries at no cost to provide legal support, funeral planning, and grief and counseling services.

800-769-9187

BeneficiaryResource.com
Username: beneficiary



Beneficiary Resource Services is provided by Morneau Shepell. Morneau Shepell is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services.

DearbornCares℠

Support for Life Insurance Beneficiaries When They Need It

Advance Payment of up to a total of

$50,000

in 48 hours[2].

Losing a loved one can be emotionally and financially overwhelming.

DearbornCares provides an advance payment of the life insurance benefit to help beneficiaries cover their immediate expenses, such as funeral costs and medical bills.

- Pays up to a total of $50,000 of employer-paid basic life insurance benefits
- Applies to claims with 1, 2 or 3 named beneficiaries
- Available for covered employees and retirees
- No death certificate required
- Employer is required to submit the claim form with all required information

DearbornCares Claim Process[1]

1. **Employer** submits the completed claim form.
2. **Employer** provides current beneficiary designation information.
3. We confirm that the deceased employee qualifies for the DearbornCares benefit.
4. We then mail the payment check within 48 hours of confirmation of eligibility. Any remaining basic life benefit, if available, will be handled using our standard processes.

While we know this service won't fix everything, we hope it makes a difficult time a little easier.

[1]TPA Groups are not eligible for the DearbornCares program. [2]Pays up to a total of $50,000 to beneficiaries (maximum 3) of employer-paid basic life insurance benefits in 48 hours of confirmation of eligibility. The advance payment is either distributed to 1 beneficiary or divided up between 2 or 3 beneficiaries, as designated by the insured.

For broker/employer use only. This information is only a product highlight. DearbornCares has exclusions and limitations. The service may be canceled by the insurer at any time.

Evidence of Insurability (EOI)

Frequently Asked Questions for Employers

EOI is an application process where your employees provide information on the condition of their health or their dependent's health in order to be considered for certain types of insurance coverage. The completed EOI application requires us to review and approve the application before coverage becomes effective.

1. **Why is EOI needed?**
   EOI is utilized to protect your group insurance program from adverse risks and reduce the likelihood of disproportionate claims risks. This helps your utilization and controls the cost of your insurance program.

2. **When is EOI required, and why must our employees answer health questions?**
   Most group life policies offer a certain amount of guaranteed coverage. EOI may be required if (1) an employee applies for an amount of coverage higher than the guarantee issue amount, (2) an employee is currently enrolled and wants to increase his or her insurance amount, or (3) an employee declines coverage during his or her initial eligibility period and then wants coverage at a later date.

3. **What does the online EOI application consist of?**
   The online EOI application process allows your employees to securely input information on medical conditions and treatment into their electronic application. That application then goes through an automated review that can speed up the decision-making process, resulting in a quick decision or highlighting that additional information is needed.

4. **What about privacy when using online EOI submission?**
   Privacy and security features have been built into our website to assure the protection of your employees' personal information. Your employees' answers to all the questions are kept strictly confidential and are not shared with you. For more information, read our online privacy statement.

5. **What about employees without Internet access? Will you still accept an EOI application in paper form?**
   Yes, printable EOI applications are available to download and print in the forms section under the employer tab at bcbstx.com/ancillary. Using the latest version of the EOI application on the website will help expedite the process. Forms can be mailed or faxed to us at the address provided.

Processing Times for EOI Applications

1. First Action Completed: **5 to 10 days**
2. Turnaround Time: **10 to 15 days**
3. Follow-up Time: **15- and 30-day follow-ups** (If the requested info is not received by day 45, we close the case for being incomplete.)

6. What are the advantages of online EOI submission?

Online EOI submission eliminates or reduces the processing of paper applications for coverage requests, increases accuracy and confidentiality, and speeds up the overall application process. Step-by-step instructions lead the employee through the application process, which usually takes about 15 to 30 minutes. The website includes many interactive features to help ensure submissions are accurate and completed correctly. After an employee's application is completed and submitted, our system will provide confirmation to the employee that the application has been received. Based on information received in the application, a decision may be made immediately or your employee will get notified of any additional information that is needed. Once all the required information is received, a decision will be made within 5 to 10 days and a decision letter will be sent to you and your employee. An online EOI application can be submitted 24 hours a day, 7 days a week.

7. What information is needed before beginning the online application process?

We are committed to assisting you through our online EOI submission. You can work with your ancillary account manager to submit the necessary information needed for online EOI. The information can be provided to us through Benefits Manager for individual employees for List Bill cases and by EOI template census upload. The following coverage information below must be provided for each applicant for a successful online EOI submission.

- Coverage types being requested: life, disability or critical illness for each applicant requiring EOI
- Coverage amounts being requested: total requested amount and current in-force amount for each applicant requiring EOI. Guarantee issue amounts are considered as current in-force amounts.
- The reason EOI is required for each applicant requiring EOI
- Name, date of birth and Social Security number for each applicant requiring EOI

8. What is the underwriting process?

After we receive the completed EOI application, we create a record for the employee, and the application goes through an automated system resulting in a decision or it is turned over to an underwriter for further review. Factors such as current physical condition, medical history, and height and weight are used to determine if your employee meets our acceptance standards for the type of insurance requested.

9. What information is required to process the EOI application?

Most EOI applications are processed using only the information provided. However, in some cases, a physical examination is needed. The basic physical examination includes height, weight, pulse, blood pressure and a medical history questionnaire. The examination may include special testing such as a blood test, urinalysis and an EKG.

If an examination by a qualified medical professional is required, we will securely and electronically notify the exam center of any required testing, and your employee will receive notification that will include a brochure to help him or her prepare for the examination. The exam center will contact your employee to schedule an appointment. Most exams can be done in the convenience of your employee's own home and can take less than 30 minutes. There is no charge for the examination.

We may also call or send a letter to your employee to clarify information during the evaluation process. A review of your employee's past medical records may be necessary to evaluate his or her EOI application. If so, a medical records retrieval service is used to obtain the requested information from your employee's doctor or other healthcare provider. We will also send a notification to your employee that his or her medical records have been requested.

Your employee's medical records are considered confidential, and information is not released to anyone else without his or her consent or a court order. There is no charge for the medical records.

10. If an exam is required or medical records are requested, how long does it take to receive the requested information?

When your employee completes the physical examination, a report of the examination is sent to our medical underwriting department. We usually receive the reports in our office within a week to 10 days after the examination. If blood tests or a urinalysis are needed, they are handled by an independent laboratory. We usually receive these results within a week after the examination. If we need to write to your employee's doctor for medical records, it may take 2 to 4 weeks depending on the physician's office procedures. Sometimes it helps if your employee calls his or her doctor's office and asks for a prompt response.

11. What is the time frame for processing an employee's EOI application?

Your employee's EOI application will be active in the review process for 60 days. Once we receive all the information requested, we will review it promptly. Most of our decisions are made within 5–10 days of receipt of all requested information. Occasionally, additional information might be needed. If further information is needed to evaluate your employee's EOI, we will notify them within a few days.

If we do not receive the requested application information, medical records, and/or exam/lab tests within 45 days from the date of the initial request, your employee's file will be closed, and your employee must reapply for the coverage he or she wants.

12. Whom should we contact for underwriting questions or the status of an employee's EOI application?

For underwriting questions or the status of an EOI application, please contact us at 877-442-4207. Hours of operation are Monday – Friday, 8:00 a.m. to 4:30 p.m. CST.

13. What is the appeal process if an employee is denied coverage through EOI?

If an employee is denied coverage through medical underwriting, he or she will receive a letter with an explanation and a reason for the denial. If an employee wishes to contest the decision, he or she must appeal it in writing. He or she may also provide us with additional medical documentation for reevaluation and review.

If you have any questions or need assistance, please contact your BCBSTX ancillary sales executive.

756283.0521