FirstName LastName

Address 1

Address 2

City, State Zip

**Evidence of Insurability (EOI) Checklist**

You are receiving the attached Evidence of Insurability (EOI) form due to your

recent election or increase in Life Insurance coverage and/or LTD Buy-Up Coverage as a newly eligible employee with your employer, Veolia North America. In order to add or increase Supplemental Life and/or LTD Buy-Up

coverage for yourself and/or your Spouse under the Group Life or LTD plan, you**MUST** complete the attached form, and either mail to Reliance Standard within (10)

ten days at the address below OR email the form to EOIapplications@rsli.com:

Reliance Standard

P.O. Box 7818

Philadelphia, PA 19101-7818

The information that you provide on the attached form is necessary in order for you

and/or your Spouse’s coverage to be medically underwritten. You will receive

written notification of your approval or denial for your request of coverage from Reliance.

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**Before mailing your form:**

Did you sign and date the form?

Did you disclose your height and weight?

If your Dependent Life Insurance election requires an EOI for your spouse, did **THEY** sign

and date the form?

If you are electing Dependent Life Insurance for your spouse, did you include their height and

weight?

Did you remember to answer **EVERY** question on the form regarding the health of **YOU**

and/or **YOUR SPOUSE**?

Did you list the **NAME** and **ADDRESS** of your and your spouse’s **ATTENDING**

**PHYSICIAN(S)?**

**Did you make a copy for your files?**

If you have any questions, please contact the Reliance Standard Customer Care Center at

1-800-351-7500 (8 a.m. to 7 p.m. EST, Monday –Friday)