

ONLINE EVIDENCE OF INSURABILITY

Go to www.guardiananytime.com/eoi

Online Evidence of Insurability

Step 1: Select Coverage

Welcome to Online Evidence of Insurability

To complete this process, you may need to provide:

- Group ID/Plan Number
- Coverage(s) being requested
- Health history/Doctor information
- Current insured amount
- Additional amount being requested

If applying for dependent coverage, you may need to provide their:

- Date of Birth
- Height
- Weight
- Health history/Doctor information
- Current insured amount
- Additional amount being requested

To help you understand the Online Evidence of Insurability process, please read our [FAQ's](#).

To complete a paper version of the Evidence of Insurability Form, please select this [link](#) to obtain the proper form.

If your employer is located in Montana, New York, Virginia or New Hampshire, your group is not eligible for Online Evidence of Insurability. Please complete a paper version of the Evidence of Insurability Form.

Before you can begin the Online Evidence of Insurability Process, you must indicate that you have read the Disclosure Statement below.

Yes, I have read and agree to the Disclosure Statement.

To get started, we need some information.

Group ID/Plan Number: 2 If you do not know your Group ID/Plan Number, please contact your plan administrator.

Planholder Name (Company Name): ABC COMPANY

Select coverage(s) you are requesting: (Select all that apply)

- Basic Life (Employer Sponsored Coverage)
- Voluntary Life (Employee Paid Coverage)

Who is applying for coverage? (Select all that apply)

- Employee
 - Current insured amount: \$
 - Additional amount being requested: \$
- Spouse
- Child(ren)
- Short Term Disability
- Long Term Disability

1. Click “Yes, I have read and agree to the [Disclosure Statement](#).”

If your employer is located in a state where online EOI is not available, please download the EOI form from GuardianAnytime

2. Enter Group ID shown on your enrollment materials and click “Enter”

3. Select the coverages you are applying for and fill in your current and new election amounts

HELPFUL TIP: Enter “0” for current amount if this is a new election or if this is a request to increase your short term disability or long term disability coverage.

Click “Continue”.

ON THE FOLLOWING SCREEN, YOU WILL:

Input your personal information

Answer the health questions

Review your answers, electronically provide your signature and click “Submit” to receive confirmation (PDF)

Guardian will soon contact you directly regarding your application.

WWW.GUARDIANANYTIME.COM/EOI



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ADDITIONAL NOTES: Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts)
Electronic EOI is not available in the following states: New York, New Hampshire, Virginia and Montana Electronic EOI is available using most internet browsers.