**Evidence of Insurability (EOI) Coverage Election Summary**

[x]  **Self Administration [ ]  List Bill**

|  |  |
| --- | --- |
| **Group Name:** Egyptian Area Schools Employee Benefit Trust | **Group Number/ Account Number :** F019133 |
| **Employee Name:**       | **Date of Hire:**       |
| **Annual Salary:**       | **Employee Class (if applicable):**       |

**Reason for EOI:** [ ]  Late Entrant [ ]  Amount over Guaranteed Issue [ ]  Coverage Increase

**EOI applies for the following coverage(s). Check all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   **Basic Life - (Employee)** | **Current Amount of Coverage** | **Amount Subject to EOI** | **Total Amount** |
|       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   **Supplemental Life - (Employee)** | **Current Amount of Coverage** | **Amount Subject to EOI** | **Total Amount** |
|       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   **Supplemental Life - (Spouse)** | **Current Amount of Coverage** | **Amount Subject to EOI** | **Total Amount** |
|       |       |       |

Example: If an employee currently has $30,000 of coverage and wants to have a total of $100,000 the boxes should be filled out accordingly

|  |  |  |
| --- | --- | --- |
| Current Amount of Coverage | Amount Subject to EOI | Total Amount  |
| $30,000  | $70,000  | $100,000  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Contact Name:**       |  |  |  |  | **Date:**       |
| **Group Contact Phone:**       |   |   |   |   | **Group Contact Email:**       |

\*\*\*Please mail, fax or email this Election Summary along with the completed Evidence of Insurability (EOI) application to the address/ number/ email box below:

 **Dearborn National**

**ATTN: Medical Underwriting**

**P.O. Box 655403**

**Dallas, TX. 75265**

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