

# ONLINE EVIDENCE OF INSURABILITY

Go to [www.guardiananytime.com/eoi](http://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:  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)
- Short Term Disability
- Long Term Disability

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

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

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](http://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.