



Evidence of insurability (EOI)

Instructions for online submission



What is EOI and when is it needed?

EOI is the information we use to verify your good health when you're purchasing insurance. We require EOI if you're:

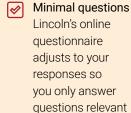
- Buying an insurance amount higher than the guaranteed issue amount for your plan
- Already enrolled and want to increase coverage



Get started

- Log in to LincolnFinancial.com. First time user? Register using company code UNCSYSTEM. Follow the registration steps by entering the requested personal information, completing identity verification, and setting up a username and password.
- Your information may pre-populate on Lincoln's portal. Review it and ensure that the portal is displaying the correct coverage type you're applying for. If you have questions, please contact your human resources representative.
- 3. Select Complete Evidence of Insurability.
- 4. Answer questions about you and other applicants, including:
 - General applicant information, such as birthdate, height, and weight
 - Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a medical condition
 - Medical questions if you or other applicants have a health condition, we may need more information, such as the name, diagnosis date, and treatments.
- **5.** Review your responses, then electronically sign and submit your application. Save your confirmation.

Submitting EOI made easy



Guided support
Simple tips and
search-as-youtype features help
you choose quick
and appropriate

responses.

to you.

Instant confirmation
You'll receive an
email confirming
your application
and in some
cases, you may
be automatically
approved.



What happens next?

In some cases, you may be automatically approved for coverage. Otherwise, we'll review your application and contact you if more information is required. In all cases, we'll notify you of your application outcome.



Questions?

For more information, contact your Human Resources department.

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