

Please print clearly. Submit completed form to [EGIDMail@omes.ok.gov](mailto:EGIDMail@omes.ok.gov). **Do not turn in this form if:** 1) you are a new hire AND WANT ONLY Basic Life and the Guaranteed Issue amount of Supplemental Life; or 2) you terminated and are being rehired within 24 months and want only the same amount of life insurance you had when you left.

## Section 1 – Employee information

<input type="checkbox"/> New hire		<input type="checkbox"/> Rehire		Hire date (MM/DD/YYYY)	New hire's annual salary
Name (First	MI	Last)			
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		SSN		
Mailing address	City	State	ZIP code		
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Phone	Alt phone	Email ( <input type="checkbox"/> I give permission to receive notification via email.)			
Entity/Agency name			Coordinator name		
Coordinator phone			Coordinator email		

## Section 2 – Request for Member Life coverage (in \$20,000 units)

**Do not list premium cost. Do not type comma or dollar sign. (Punctuation will autofill when you complete the form electronically.)**

BASIC LIFE (\$20,000)	
GUARANTEED ISSUE SUPPLEMENTAL LIFE (2 X annual salary rounded to nearest \$20,000 increment)	
ADDITIONAL SUPPLEMENTAL LIFE (maximum Supplemental Life available including Guaranteed Issue is \$500,000)	
<b>TOTAL COVERAGE DESIRED (Maximum \$520,000)</b>	

## Section 3 – Authorization

I understand and agree that all statements and answers given on this form are true and complete, and they are the basis on which the group life insurance requested by me is issued. I authorize EGID to request any additional information from any source as may be deemed necessary. I agree that EGID may request that I submit to an examination by a physician selected by EGID, at my expense, if deemed necessary by EGID. I further understand that any failure to provide complete and accurate information for me and my dependents might affect insurability and may constitute grounds for retroactive termination of coverage. If member coverage is retroactively terminated and dependents are enrolled with life coverage, the dependent life coverage will also be terminated. The member must be enrolled in Basic Life coverage for dependents to have Dependent Life coverage. Finally, in the event of my death, I understand that prior to paying out my life insurance policy, HealthChoice will ensure that my life insurance premiums are paid in full and may deduct any owed life insurance premiums and/or disability overpayment balances from my life insurance policy before distributing to my assigned beneficiaries or estate.

Employee signature	Date
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FOR HCMU REVIEW ONLY – DO NOT WRITE IN THIS SECTION

<input type="checkbox"/> Approved	Reviewer	Date
<input type="checkbox"/> Denied		

**Section 4 – Employee medical information**

This section must be completed by the employee requesting Member Life coverage. If you need to list additional pertinent information, please use a separate sheet of paper. Both pages of this form must be returned together. Please print clearly.

Name	Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	Packs/cigars per day
SSN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	Age	Weight
		Height (feet' inches")

Check Yes or No for all conditions below which you have received any diagnosis and/or treatment in your medical history. Provide the last year you received treatment (includes but is not limited to office visit, surgery, lab, medication).

NO	YES	YEAR	CONDITION	NO	YES	YEAR	CONDITION	ADDITIONAL INFORMATION
			Acromegaly, gigantism				Hemiplegia/paraplegia/quadruplegia	List any conditions or surgeries you have had that are not already given on this form. Include the last year you were treated for the condition/surgery.
			Adrenal disorder				Hemophilia	
			Agranulocytosis				Hepatitis B/Hepatitis C	
			Alzheimer's				High blood pressure	
			Amputation (disease related)				HIV/AIDS/ARC	
			Amyotrophic lateral sclerosis (ALS)				Hodgkin's disease	
			Anemia				Huntington's chorea	
			Aneurysm				Hydrocephalus	
			Arthritis – rheumatoid				Kidney disease/disorder	
			Asthma				Kidney failure (chronic)	
			Bipolar disorder				Leukemia	
			Blood disease/disorder				Lymphoma	
			Cancer (other than skin)				Liver Disease	
			Cardiac defibrillator implantable				Lupus	
			Cardiomyopathy				Discooid	
			Cerebral palsy				Systemic	
			Circulatory disease/disorder				Malaria	
			Claudication (leg pain when walking)				Melanoma cancer (must provide path report)	
			Closed head injury				Meningitis	
			Coma				Mental disease/disorder	
			Within 5 years				Intellectual disability	
			Congenital deformity				Multiple myeloma	
			Congestive heart failure				Multiple sclerosis	
			COPD				Muscular dystrophy	
			COVID-19 (long)				Myasthenia gravis	
			Crohn's Disease				Within 5 years	
			Cystic Fibrosis				Greater than 5 years	
			CVA – TIA (stroke)				Neuromuscular disease/disorder	
			Dementia/senility				Organic brain syndrome	
			Depression				Osteogenesis imperfecta	
			Diabetes				Osteomyelitis	
			Type 1 Insulin dependent				Pancreatitis	
			Type 2 Noninsulin dependent				Within 3 years	
			Must provide recent A1c results				Greater than 3 years	
			Diverticulitis				Parkinson's disease	
			Eating disorder				Peritonitis	
			Embolism				Pituitary gland dysfunction/tumor	
			Emphysema				Within 3 years	
			Encephalitis				Greater than 3 years	
			Epilepsy/convulsion/seizure				Plasmacytoma	
			Esophageal varices				Polycythemia	
			Factor V Leiden's disorder				Within 3 years	
			Fistula				Greater than 3 years	
			Gastrectomy/gastric resection/gastric bypass				Prostate cancer	
			Stapling/lap band/sleeve				Pulmonary hypertension	
			Within 2 years				Pulmonary edema (chronic)	
			Greater than 2 years				Pyelonephritis	
			Glioma – tumor				Renal failure	
			Glomerulonephritis/Nephritis				Renal Insufficiency	
			Guillain-Barré syndrome				Rheumatic fever	
			Within 3 years				Sarcoidosis	
			Greater than 3 years				Schizophrenia	
			Head injury				Sepsis	
			Heart disease/disorder				Sickle cell anemia	
			Ablation				Sleep apnea	
			Angioplasty				Spina bifida	
			Arrhythmia/irregular heartbeat				Substance use disorder (alcohol, drug, other)	
			Cardiomyopathy				Syncope	
			Chest pain/angina				Syphilis	
			Congenital heart disease				Thromboangiitis	
			Coronary artery bypass				Transplants	
			Within 5 years				Bone marrow	
			Greater than 5 years				Heart	
			Coronary artery disease				Kidney	
			Myocardial infarction/heart attack				Liver	
			Within 5 years				Lung	
			Greater than 5 years				Pancreas	
			Myocarditis				Tumor – nonmalignant (must provide path report)	
			Other cardiac surgery				Ulcerative colitis	
			Pacemaker				Vascular disease	
			Valvular heart disease				Vomiting/coughing up blood	
			Valve replacement				Wegener's granulomatosis/syndrome	