

# School District No. 1 Health and Welfare Trust

## Evidence of Insurability (EOI) Requirements for Optional Term Life

When	Application Timeframe	Available Amounts			EOI Required		
		Employee <sup>1</sup>	Spouse <sup>2</sup>	Child <sup>2</sup>	Employee	Spouse	Child
Newly Eligible	60 Days	\$10K-\$500K	\$10K-\$500K	\$2K - \$10K	>\$100K	>\$30K	None
Annual Enrollment <sup>3</sup>	60 Days	\$10K-\$500K	\$10K-\$500K	\$2K - \$10K	>\$10K <sup>4</sup>	On any amount	On any amount
Family Status Change	31 Days	\$10K-\$500K	\$10K-\$500K	\$2K - \$10K	>\$100K less amounts currently in force	>\$30K less amounts currently in force	None

<sup>1</sup>Not to exceed 5 times Annual Earnings

<sup>2</sup>Not to exceed 100% of the employee optional life amount

<sup>3</sup>Prior declines remain declined during Annual Enrollment

<sup>4</sup>Members must be currently enrolled to qualify for an additional \$10K without evidence; if not, all amounts are subject to evidence

