

## Evidence of Insurability Form

### Instructions:

- This form is applicable to the following benefits:
  - Employee Life Insurance and Accidental Death and Dismemberment
  - Spouse Life Insurance and Accidental Death and Dismemberment
  - Short Term Disability
- If you newly elect or would like to increase your existing benefit amount, the completion of the Evidence of Insurability form is REQUIRED. Completed forms will be sent to Hartford for review and you will be notified of approval.
- Deductions:
  - If you newly elect any of the above benefits, you will not see any payroll deductions until your Evidence of Insurability form has been approved by Hartford
  - If you are currently participating, but have elected to increase your benefit amount, your payroll deductions will remain the same until the increase has been approved. Once approved your payroll deduction will increase to reflect the new, high benefit amount.
- Locate your lived in state below and click the corresponding link to complete the Evidence of Identity form. **Completed forms must be returned to the HR Department no later than June 30, 2021.** Any form not received by this date, the newly elected benefit will be terminated or the increase will not be processed.
- Forms can be returned to:
  - Email: [HR@libertyhealth.com](mailto:HR@libertyhealth.com)
  - Fax: 484-434-1535
  - Mail:  
Liberty Healthcare Corporation  
Attn: Human Resources Department  
401 E. City Avenue; Suite 820  
Bala Cynwyd, PA 19004

Lived in State	Evidence of Insurability Link
All other states not listed below	<a href="#">States not listed below EOI Form</a>
California	<a href="#">California EOI Form</a>
Georgia	<a href="#">Georgia EOI Form</a>
Maine	<a href="#">Maine EOI Form</a>
Massachusetts	<a href="#">Massachusetts EOI Form</a>
New Jersey	<a href="#">New Jersey EOI Form</a>
Washington	<a href="#">Washington EOI Form</a>