



## EMPLOYEE CHECKLIST FOR EVIDENCE OF INSURABILITY (EOI)

- Complete Evidence of Insurability form for self or dependant

1. Agency Name: University of Houston  
2. Agency Number: 0730

- Mail completed EOI to:

Disability:

Fort Dearborn Life Insurance Company  
Administrative Offices, ATTN: Medical Underwriting Dept., P.O. Box 655403  
Dallas, TX 75265-5403

Life Insurance:

Minnesota Life Insurance Company  
P.O. Box 1209  
Austin, TX 78767-1209

- Review Process can take up to 4 to 6 weeks
- If coverage is approved contact the HR Service Center (325 McElhinney or 713/743-3988) within 30 days of receiving approval notice\*
- Check the following paycheck(s) to ensure appropriate deduction(s) are taken. (NOTE: Deductions are taken AFTER the benefit has been in place.)
- If deductions are not taken from the following paycheck contact the HR Service Center at ext. 3-3988

*\*If approval letter is not submitted to HR Benefits within 30 days of receipt you will not be able to make the approved change until the following open enrollment period in July.*