

Voluntary Life – Evidence of Insurability Form

Evidence of Insurability is required if enrolling in Voluntary Life during open enrollment. To complete the Unum Evidence of Insurability Form please go to: <https://services.unum.com/EFORMS/EOI/Default.aspx>

This will link you to the on-line Unum form that will submit directly to Unum.

Instructions – Complete form on-line using link above. Below are screenshots with MCC Plan information.

You are submitting evidence of insurability information to obtain Unum benefit coverage

Employer or Sponsor Information

Employer or Sponsor Name[*]
Michigan Catholic Conference

Address
510 S. Capitol Ave.

City
Lansing

State
Michigan

Zip
48933

Questions? Contact your HR Representative if you need help with this form.

Print a copy

Print a copy: For your convenience you may print the application at any time during the process.

Employee Information

Note: All The Fields with an asterisk [*] are mandatory

Application Type (Reason for filling out this form)[*]
Late; did not apply when first eligible

Elected Coverages Requiring Evidence of Insurability

Employee: Life LTD STD

Spouse: Life

Child: Life

Social Security Number [*], Gender [*], Group [*], Division [*]
- Select - 467610 001

First Name [*], M.I., Last Name [*], Date of Birth [*] (mm/dd/yyyy)

Number and Street Address [*], Home Phone Number

Address line 2

City [*], State [*], Zip [*], Work Phone Number
- Select -

Date of Employment [*] (mm/dd/yyyy), Occupation

Annual Salary [*]
(Please enter whole dollars, without \$ sign or cents.)

E-mail Address

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You may also [complete a paper form](#) and mail it to Unum.