HealthChoice

Employees Group Insurance Division
LIFE INSURANCE APPLICATION
OPTION PERIOD/MIDYEAR CHANGE

Please print clearly. Complete this form and submit it to EGIDMail@omes.ok.gov. **Do not turn in this form if:** 1) you are a new hire; 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

☐ Option Period ☐ Midyear change (state reason below)

Reason for midyear change (must be within 30 days of qualifying event)	Date of qualifying event (MM/DD/YYYY)

Name (First MI Last)	SSN

Date of birth	☐ Male ☐ Female	☐ Married ☐ Single

Mailing address	City	State	ZIP code

Is this a new address? ☐ Yes ☐ No

Phone	Alt phone	Email

Entity/Agency name	Coordinator name

Coordinator phone	Coordinator email

Section 2 – Request for Member Life coverage – Option Period/Midyear change

Amounts should be listed in even $20,000 units. **Do not list premium cost.**
Insurance will default to the current coverage in place if any additional supplemental life is not approved.

TOTAL COVERAGE DESIRED (Can be no larger than $520,000)	

Section 3 – Authorization

It is understood and agreed 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

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 ☐ Yes ☐ No	Packs/cigars per day
SSN	☐ Male ☐ Female	Alcohol use ☐ Yes ☐ No	Drinks per week
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		NO	YES	YEAR		
☐	☐		Acromegaly, gigantism	☐	☐		Hemiplegia/paraplegia/quadriplegia	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	☐	☐		Discoid	
☐	☐		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	List medications you take regularly. Include strength and frequency. (Example: Lipitor 20mg once/daily)
☐	☐		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	