



# United Transportation Union

24950 COUNTRY CLUB BLVD., STE. 340 • NORTH OLMSTED, OHIO 44070-5333  
PHONE: 216-228-9400 • FAX: 216-228-5755 • www.utu.org

M. B. FUTHEY JR.  
International President

ARTHUR MARTIN III  
Assistant President

KIM N. THOMPSON  
General Secretary and Treasurer

## LATE ENTRY APPLICATION FOR COVERAGE – ANTHEM

Dear Member:

You have requested to apply for coverage under the Anthem Group VSTD plan.

Please fully complete the enclosed Medical Underwriting Worksheet and Evidence of Insurability Form and mail them directly to:

ANTHEM LIFE  
Medical Underwriting  
6740 North High Street  
Worthington, OH 43085

Be certain to keep a copy of the completed forms for your records.

If you have any questions regarding the completion of these forms, please contact Anthem at:

### ANTHEM LIFE

Toll Free Number for Assistance: 1-800-551-7265, Ext. 38839

Phone: 1-614-433-8839

Fax: 1-614-880-3529

Email: [L&DMEU-Wellpoint@wellpoint.com](mailto:L&DMEU-Wellpoint@wellpoint.com)

Thank you,

Customer Service Department



# Anthem<sup>®</sup>Life

## MEDICAL UNDERWRITING WORKSHEET

\*\*\*PLEASE COMPLETE ALL STARRED INFORMATION BELOW AND ATTACH TO COMPLETED EVIDENCE OF INSURABILITY FORM PRIOR TO SUBMISSION.

Submit completed form to: Medical Underwriting – 6740 North High Street – Worthington, OH 43085  
 Toll Free Number for Assistance: 1.800.551.7265, Ext 38839; Phone: 614-433-8839; Fax 614-880-3529  
 eMail: [L&DMEU-Wellpoint@wellpoint.com](mailto:L&DMEU-Wellpoint@wellpoint.com)

**FOR QUESTIONS CONCERNING THIS SUBMISSION PLEASE CALL 1-800-551-7265 X38839.**

New Sold Case <input type="checkbox"/>
Total # of Lives in Group: <u>30,000</u>

Late Entrant

Date received by Anthem Life MEU: \_\_\_\_\_

Member Name: \*\*\* \_\_\_\_\_ SS#: \*\*\* \_\_\_\_\_ DOB: \*\*\* \_\_\_\_\_

Member Address: \*\*\* \_\_\_\_\_ Member Phone: \*\*\* \_\_\_\_\_

Group Name: United Transportation Union / Local # \*\*\* Group No: AL00002625

Group Address: 24950 Country Club Blvd, Suite 340, North Olmsted, OH 44070

Email Address: M\_Spangl@utu.org

Group Phone Number: 216-228-9400

**Employee Short Term Disability – 60% Weekly Salary to a Maximum of \$346.00**

**EMPLOYEE SHORT TERM DISABILITY**

	TOTAL AMOUNT(S) APPLIED FOR	GLAMOUNT	AMOUNT APPROVED	AMOUNT DECLINED	AMOUNT WITHDRAWN
	ENTER 60% OF WEEKLY SALARY OR \$346.00 WHICHEVER IS LESS	Office Use Only	Office Use Only	Office Use Only	Office Use Only
<b>Short Term Disability</b>	<b>\$ 346.00</b>	<b>\$0.00</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Notes that would be helpful to the Medical Underwriter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Decline/Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Underwriter: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*required fields

**Evidence of Insurability Form**

**Anthem Life**

Anthem Life Insurance Company  
 P.O. Box 182361  
 Columbus, OH 43218-2361  
 800-551-7265 614-433-8800 Fax

Group #  
**AL00002625**

**PART A - GENERAL INFORMATION**

Please Print in ink or type

Last Name	First Name	Middle Initial	State of Birth	Date of Birth	Social Security Number
Name of Employer			Height	Weight	Work Phone #
United Transportation Union					

**PART B - DEPENDENT INFORMATION**

Complete for all dependents (if any) to be covered under this program:

First Name	MI	Last Name (if different from Employee)	Height	Weight	Birthdate Mo. Day Yr.	State of Birth	Sex M or F	Relationship	Full-time Student Y or N	Eligible Income Tax Exemption Y or N
NOT APPLICABLE								SPOUSE		
NOT APPLICABLE										
NOT APPLICABLE										
NOT APPLICABLE										
NOT APPLICABLE										

**PART C - MEDICAL QUESTIONNAIRE**

COMPLETE THE FOLLOWING MEDICAL QUESTIONS FOR ALL PERSONS TO BE COVERED: For the purpose of the following medical questions, the term "medical or social practitioner" includes but is not limited to: a doctor, nurse, psychologist, psychiatrist, social worker, chiropractor, podiatrist, therapist, pathologist, dentist, optometrist, osteopath, clergy, Christian Science practitioner, or any person affiliated with a self-help program such as Alcoholics Anonymous, a substance abuse program, or a weight loss program.

- Are you or any of your dependents currently pregnant?  YES  NO  
 If yes, who? \_\_\_\_\_  
 Expected due date: \_\_\_\_\_
- Do you or any of your dependents smoke or use tobacco?  YES  NO  
 If yes, who? \_\_\_\_\_  
 Type? \_\_\_\_\_
- In the past 10 years, has anyone ever:
  - had high blood pressure or high cholesterol?  YES  NO  
 If yes, last three readings: \_\_\_\_\_
  - had heart disease, cancer, diabetes, arthritis, or asthma?  YES  NO
  - had counseling by a medical or social practitioner for an emotional, mental or nervous condition?  YES  NO
  - been treated for alcohol or chemical dependency, or been convicted for driving while intoxicated?  YES  NO
- Has anyone ever been diagnosed by, or received treatment from, a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or tested positive for antibodies to the Human Immune Deficiency virus?  YES  NO
- In the past three years has anyone been prescribed medication?  YES  NO
- In the past 10 years has anyone had an inpatient admission and/or outpatient surgery?  YES  NO
- During the past three years, has anyone sought medical treatment, or been advised by a medical or social practitioner to seek treatment for any condition not indicated by your answers to the preceding six questions?  YES  NO
- Has anyone ever been rated or declined for, or refused reinstatement or renewal of, life or health insurance?  YES  NO  
 If yes, name of person, date and reason: \_\_\_\_\_
- In the past three years, has anyone been engaged in or does anyone contemplate being engaged in sports or hobbies such as aviation, scuba diving, sky diving, racing, or similar activities? (Please list)  YES  NO

**IMPORTANT NOTICE:** No person, including an employee or agent of Anthem Life has the authority to change or omit any of these medical questions.

A-306 9612

A-306 9807

(To be detached and retained by applicant)  
**ANTHEM LIFE INSURANCE COMPANY**  
**NOTICE TO PROPOSED INSURED**  
 (Fair Credit Reporting Notice)

**INVESTIGATIVE CONSUMER REPORTS**

Under Public Law 91-508, we are required to inform persons proposed for insurance that, as part of our underwriting procedure, an investigative consumer report may be obtained which will provide information concerning residence, employment, finances, health, character, general reputation, personal characteristics, and mode of living. Such information for the investigative consumer report will be obtained through personal interviews with your friends, neighbors, and associates. This information may also be obtained by telephone interview with you or a member of your household. You may request to be personally interviewed. You may also request a copy of the investigative report. Upon written request to the Company's Underwriting Department, a complete and accurate disclosure of the nature and scope of the investigative consumer report will be provided. If you question the accuracy of the information in our files, you may request a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

