



**Statement of Health (EOI)  
Submission  
Process**

## NAFI: Paper EOI Flow Process

### **STEP 1**

According to EOI guidelines per the contract, AFIF sends the Short Form to the Employee for themselves or the Spouse or Child to complete.

### **STEP 2**

To avoid any PHI or PII information from being disclosed, the Employee/Insured sends the completed SOH form to MetLife. The Employee can send via email, fax, or regular mail.

**Email:** [SOHSubmissions@metlife.com](mailto:SOHSubmissions@metlife.com)

**Fax:** 1-859-225-7909

**Mail:** Metropolitan Life Insurance Company

Statement of Health Unit

P.O. Box 14069

Lexington, KY 40512-4069

### **STEP 3**

MetLife reviews then approves/denies/closes the EOI review, then sends notification to the Employee via email and letter. Please note that should additional information and/or a Full Statement of Health be requested for completion, MetLife will send the Full Statement of Health to the Employee to complete for themselves and/or the insured.

### **STEP 4**

The approved/pending/denied/closed status is then sent to AFIF on a weekly status report.



# Statement of Health Form – LMI To Be Completed by AFIF

## **Group Customer Information: (Pre-Filled on Form)**

- Name of Group Customer/Employer/Association
- Group Customer #
- Street Address
- City
- State
- Zip Code

## **Insurance Information – Term Life Insurance**

- Enrollment Year
- Basic Life – Indicate amount subject to medical underwriting
- Supplemental Life: Indicate amount subject to medical underwriting
- Dependent Spouse/ Domestic Partner Life: Indicate amount subject to medical underwriting
- Dependent Child Life: Indicate amount subject to medical underwriting

# Statement of Health Form – LMI To Be Completed by Employee

## Employee Information:

- Name
- Social Security Number of Employee

## Your Information (The Proposed Insured)

- Name
- Relationship to Employee
- Street Address
- City, State, Zip Code
- Date of Birth
- Phone
- Email Address

## Required Information

- Health Information
- Declarations and Signature



AFIF may contact the Statement of Health team at any time during this process at: 1-800-638-6420, prompt 1 or by email at: [eoim@metlife.com](mailto:eoim@metlife.com)

In addition, AFIF can feel free to contact the Account Management Team at any time.