

Evidence of Insurability for Group Coverage

Instructions

Employer/Policyholder Please complete Page 2 and provide to the employee/applicant to complete.

Employee/Applicant Please complete page 3, sign and date page 4 and an Authorization for Release of Medical Information form. If applying for spouse coverage, have your spouse complete page 6, sign and date page 7 and an Authorization for Release of Medical Information form. Return to Symetra for processing.

Two copies of the 'Authorization for Release of Medical Information' form are included in the back of this packet. One for you and one for your spouse, if applicable.

Completed forms can be mailed or faxed to:
Symetra Life Insurance Company
PO Box 34690
Seattle, WA 98124-1690

Fax: 1-866-348-0058

Comments



Symetra Life Insurance Company
Benefits Division
777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135
Mailing Address: PO Box 34690 | Seattle, WA 98124-1690
Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388
Fax completed forms to: 1-866-348-0058

EVIDENCE OF INSURABILITY FOR GROUP COVERAGE

Policyholders: Completely fill out Sections 1 – 3 and forward to the applicant to complete, sign and return to Symetra.

Section 1: Group Plan Details *(to be completed by Policyholder)*

Company name (policyholder)	Policy Number
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Division or associated company (if applicable)
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