

Create a Digital ID for the Life Insurance Evidence of Insurability form

You will need to create a digital signature the first time you sign the EOI form electronically. After that your digital signature will be available for use when signing the EOI form.

1. Open the *Life Insurance Evidence of Insurability* form on the [PEBB forms](#) page or the [Pers/Pay forms](#) page.
2. Complete section A, Employee Name in section B, and column B of section C. At the bottom of section C, click in the signature field.

C. INSURANCE DETAILS *(Complete this table based only on the coverage you have through this plan)*

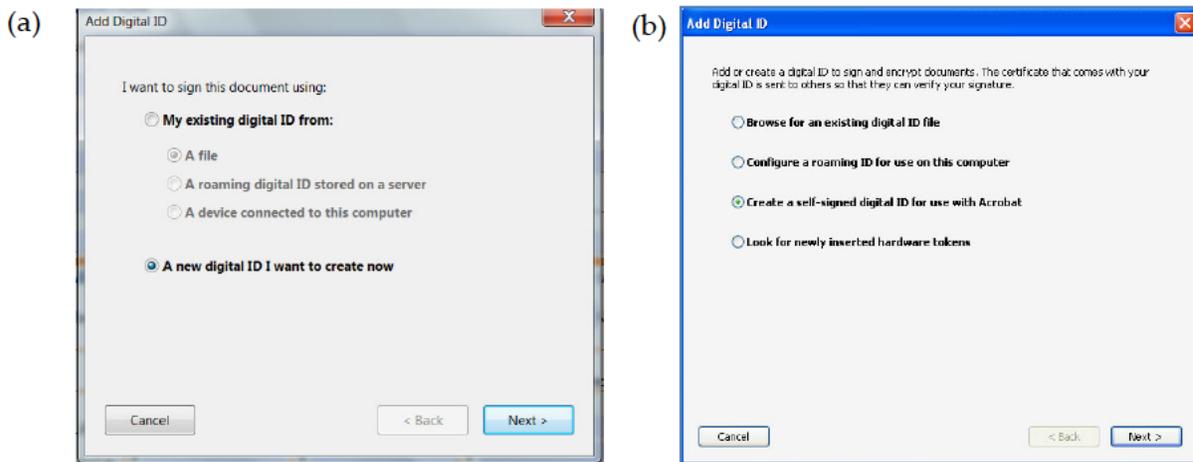
Are you completing this form due to a Family Status Change (*Marriage, Divorce, Birth, Adoption, etc.*)? Yes No

| Coverage Type | (A) Total Amount Desired | (B) Current Amount <i>(Agency to Complete)</i> | (C) Guaranteed Issue Amount | (A) – (B) – (C) = Amount To Be Underwritten |
|--|-----------------------------|--|--------------------------------|--|
| <input type="checkbox"/> Employee Supplemental Life | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Spouse/State-Registered Domestic Partner Supplemental Life | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Spouse/State-Registered Domestic Partner Basic Life | \$ | \$ | \$ | \$ |

After signing you may select eMail or Print. >

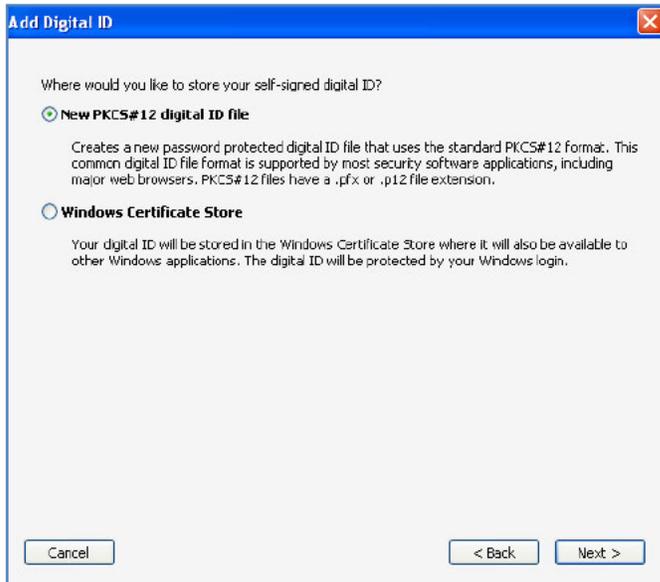
Agency confirmation completed by (Agency /Policyholder Contact) _____ Today's Date _____

3. The “Add Digital ID” wizard opens. You will see one of two “Add Digital ID” screens.

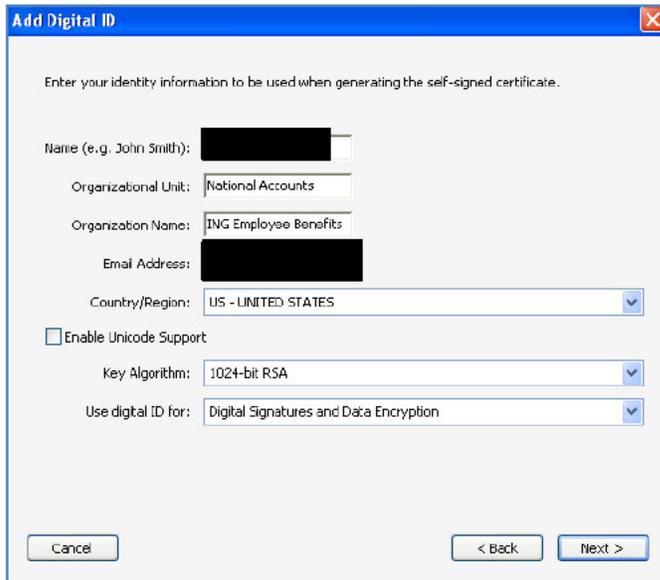


4. If you see screen (a) above, select the “A new digital ID I want to create now” option. If you see screen (b) above select the “Create a self-signed digital ID for use with Acrobat” option.

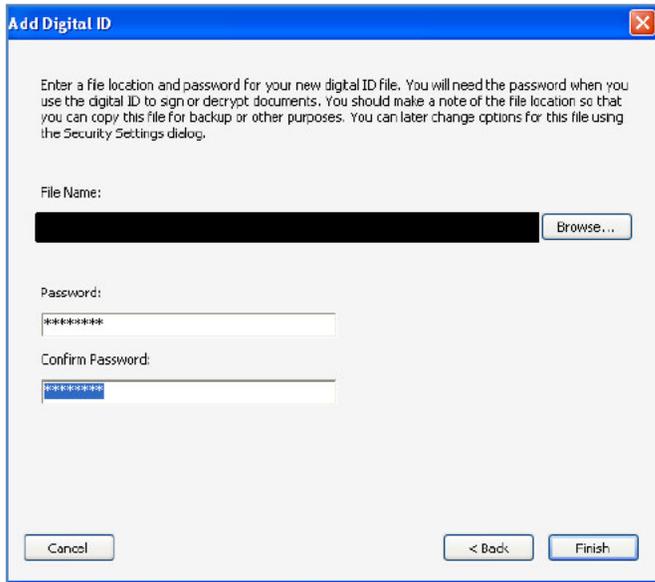
5. Select "Next". A new screen will open to select where you would like to store your digital ID. Select the first option: "New PKCS#12 digital ID file".



6. Select "Next". Enter your name, organizational unit, organizational name, and email address in the fields provided.



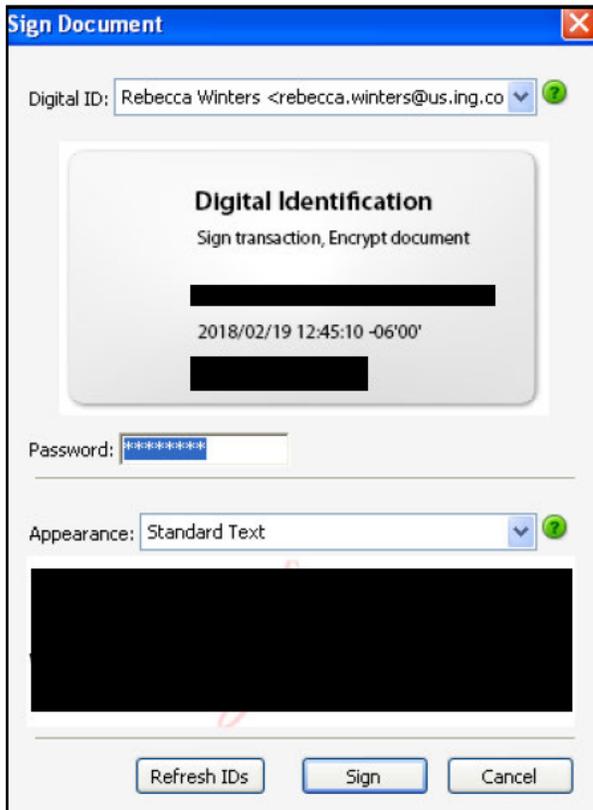
7. Select "Next". Create and confirm your password. You will need the password to sign documents with your digital ID in the future so make it something you can remember.



The "Add Digital ID" dialog box contains the following elements:

- Title Bar:** "Add Digital ID" with a close button (X).
- Instructions:** "Enter a file location and password for your new digital ID file. You will need the password when you use the digital ID to sign or decrypt documents. You should make a note of the file location so that you can copy this file for backup or other purposes. You can later change options for this file using the Security Settings dialog."
- File Name:** A text input field with a "Browse..." button to its right.
- Password:** A text input field with asterisks (*****).
- Confirm Password:** A text input field with asterisks (*****).
- Buttons:** "Cancel", "< Back", and "Finish".

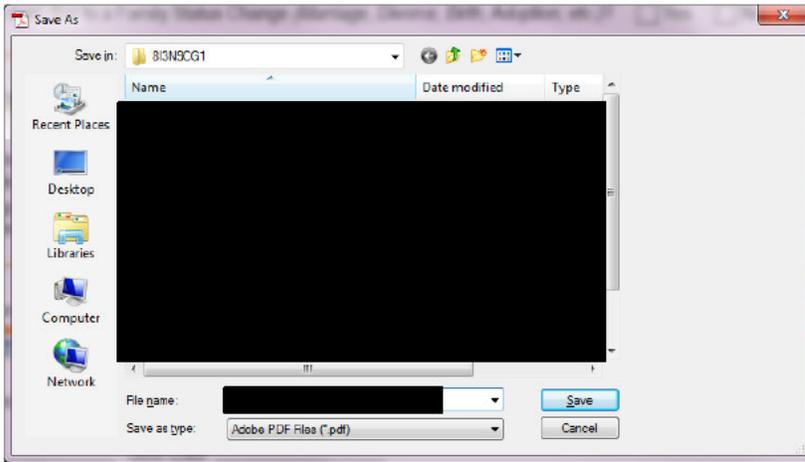
8. Select "Finish". The "Sign Document" window opens. Enter your password in the field provided.



The "Sign Document" dialog box contains the following elements:

- Title Bar:** "Sign Document" with a close button (X).
- Digital ID:** A dropdown menu showing "Rebecca Winters <rebecca.winters@us.ing.co>" with a help icon (i).
- Digital Identification:** A central box with the text "Digital Identification", "Sign transaction, Encrypt document", a redacted area, the timestamp "2018/02/19 12:45:10 -06'00'", and another redacted area.
- Password:** A text input field with asterisks (*****).
- Appearance:** A dropdown menu showing "Standard Text" with a help icon (i).
- Redacted Area:** A large black rectangular area at the bottom of the dialog.
- Buttons:** "Refresh IDs", "Sign", and "Cancel".

9. Select "Sign". The "Save As" window opens.



10. Enter a name for your signature file. Select "Save". The signature is placed in the signature field on the EOI form. Enter the date in the date field.

11. Select the "Email" or "Print" button on the form.

C. INSURANCE DETAILS *(Complete this table based only on the coverage you have through this plan)*

Are you completing this form due to a Family Status Change (Marriage, Divorce, Birth, Adoption, etc.)? Yes No

| Coverage Type | (A) Total Amount Desired | (B) Current Amount | (C) Guaranteed Issue Amount | (A) – (B) – (C) = Amount To Be Underwritten |
|---|-----------------------------|-----------------------------|--------------------------------|--|
| <input type="checkbox"/> Employee Supplemental Life | \$ | <i>(Agency to Complete)</i> | \$ | \$ |
| <input type="checkbox"/> Spouse/State-Registered Domestic Partner Supplemental Life | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Spouse/State-Registered Domestic Partner Basic Life | \$ | \$ | \$ | \$ |

After signing you may select eMail or Print. >

Email **Print**

Agency confirmation completed by (Agency /Policyholder Contact) [Redacted] Today's Date **03/07/2013**