

**LIFE CLAIM FORM**

TO AVOID DELAY OR DENIAL OF BENEFITS, PLEASE COMPLETE ALL QUESTIONS.

**TO BE COMPLETED BY THE EMPLOYER OR PLAN ADMINISTRATOR**

Group Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Policy Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Location \_\_\_\_\_

Certificate Holder \_\_\_\_\_  
 (Employee Name or Member Name)

The Deceased is insured as: Employee \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Member \_\_\_\_\_

1. Name of Deceased \_\_\_\_\_ State of Residence \_\_\_\_\_

2. Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

3. Social Security Number or Certificate # \_\_\_\_\_  
 (Employee's SSN) (Dependent SSN)

Insurance Class (Refer to policy schedule of insurance) \_\_\_\_\_

4. Amount of Benefit: Life \$ \_\_\_\_\_ AD&D \$ \_\_\_\_\_ Opt. Life \$ \_\_\_\_\_ Opt. AD&D \$ \_\_\_\_\_  
 Vol Life \$ \_\_\_\_\_ Vol AD&D \$ \_\_\_\_\_ Dep Life \$ \_\_\_\_\_  
 Seat Belt \$ \_\_\_\_\_ Airbag \$ \_\_\_\_\_  
 Repatriation (attach bill) \$ \_\_\_\_\_ Repatriation: miles from residence \_\_\_\_\_

5. Date Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Annual Salary (if salary based) \$ \_\_\_\_\_ Date Of Last Salary Increase \_\_\_\_\_

6. Effective Date of Insurance with Lincoln Financial Group \_\_\_\_\_  
 (Certificate Holder)

7. Date on which the Employee was last present at Work? \_\_\_\_\_

8. REASON FOR CEASING WORK  
 Illness (including disability leave of absence)  Leave of Absence (other than disability)  Accident  
 Quit  Dismissed  Vacation  Temporary Layoff  Retired  Deceased

9. Employee Was:  Full-time  Union  Hourly  Exempt  Commissioned  
 (Check All That Apply)  Part-time  Non-Union  Salaried  Non-Exempt  
 Other (Explain) \_\_\_\_\_

10. Average Hours Worked Per Week: \_\_\_\_\_ Occupation \_\_\_\_\_  
 (Certificate Holder)

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ FAX Number (\_\_\_\_\_) \_\_\_\_\_



**TO BE COMPLETED BY THE BENEFICIARY**  
Please type or print legibly—name and address as stated will appear on checks

Name \_\_\_\_\_ Sex:  Male  Female  
                    First                      Middle Initial                      Last

Date of Birth (MM/DD/YY) \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Decedent \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Beneficiary's Social Security Number or Taxpayer Identification Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

You have the right to choose how you will receive the payment of life proceeds. **PAYMENT OPTIONS\*: Please Select One of the Following Options.** If an option is not checked, your benefits will be paid to you via the SecureLine Account for amounts of \$5,000 or more, except in the following states: **Alaska, Arkansas, Colorado, Delaware, Florida, Kansas, Kentucky, Louisiana, Maryland, Montana, Nevada, New Jersey, New York, North Carolina, North Dakota and Ohio.** In these states the default method of payment will be a single check if an option is not selected.

**SecureLine Interest-Bearing Checking Account (Not available in Alaska).**

**SecureLine is a service offered to help you manage insurance proceeds. With SecureLine, an account is established from the proceeds payable on a policy administered by a Lincoln Financial Group® company (Lincoln). The Northern Trust Bank (Northern Trust) administers your account on Lincoln's behalf and the funds supporting your account are held within Lincoln's general account. Once your SecureLine account is opened, you will receive a personalized checkbook. If you decide you want the entire proceeds immediately, you just need to write one check for the entire balance. Otherwise you can use this account for paying expenses as they occur – while earning interest on your money. You can write as many checks as you wish. Each check must be for at least \$250 and the total of all checks written may not exceed your balance.**

- **Interest Rates – Your SecureLine account starts earning interest the day the account is opened. Interest is compounded daily and credited to your account on the last day of each month. The minimum rate credited is equal to the national average for interest-bearing checking accounts as published daily by Bloomberg, plus 1%. The Company may update that minimum rate at our discretion. The interest will be updated monthly. You begin to earn interest the day the account is opened and continue to earn interest until all the funds are withdrawn. The interest rate credited to your SecureLine account may be more or less than the rate earned on funds held in Lincoln's general account. Consider comparing this interest rate to your bank account interest rate or consult your financial professional to compare interest rates on comparable bank or mutual fund accounts. Interest earned on your account balance may be taxable; IRS form 1099-INT will be sent in January of each year to report taxable income. You should consult your tax advisor for more information.**
- **Protection Of Deposits – Your money in your SecureLine account is protected because it is held in Lincoln's general account and is guaranteed by the full faith and credit of the Lincoln Financial Group® company that established your account. Because your funds are not held in a federally-regulated bank, your funds are not protected by the Federal Deposit Insurance Corporate (FDIC). However, in the unlikely case of insolvency of Lincoln, your funds are protected by your state's insurance guaranty system. Contact the National Organization of Life and Health Guaranty Associations (<http://nolhga.com>) to learn more about what limits might exist related to state insurance guaranty protection.**
- **Monthly Statements – Each month you will receive a statement showing your current balance, withdrawals, interest credited and any other activity. Cancelled checks are not returned with your statement.**

\* If the Insured Person previously designated a payment option available under the policy, we are required to disburse funds pursuant to that designation.

- **Fees or Administrative Charges – There are no special fees for checks and no fees for monthly checking account service. You will be charged a fee of \$15 if you stop a payment and \$10 if you present a check for payment without sufficient funds. Additional checks may be ordered at no cost. Just contact a Customer Service Representative at Northern Trust at 1-800-343-2551.**
- **Minimum Balance – Your SecureLine account will remain open until your balance drops below \$1000, at which time your account will be automatically closed and a check for the remaining funds plus interest will be mailed to you.**
- **Settlement Options - The Lincoln policy may provide you with other benefit settlement options. You may choose to withdraw the balance of your account and place it in another payment option offered by Lincoln. Contact a Customer Service Representative at 800-423-2765 for more information.**

**One Single Check.**

I understand that The Lincoln National Life Insurance Company furnishes this form without waiving any defense the Company may have or admitting that any insurance is in force.

I have completed and attached the Authorization for Release of Information. A photocopy of this authorization shall be as valid as the original.

I certify, under penalty of perjury, that the Social Security Number or other Taxpayer Identification Number information listed above is correct. I understand that my signature may be used for signature verification for my SecureLine Account and other purposes.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Sign as you would a check as signature may be used for check verification)



## IMPORTANT CLAIM PROCESS INFORMATION

In order to expedite the claim process, please see the following important claim process information when submitting a claim:

■ Proof of Loss:

All Life Claims must be accompanied by a Certified Death Certificate, unless the claim qualifies for JET processing.

■ Accidental Death Benefits:

If death resulted from anything other than Natural Causes (i.e. accident, homicide), a copy of the official investigative report (i.e. police, accident, fire, FAA, OSHA) must accompany or follow the claim. AD&D benefits cannot be paid on any claim without an investigative report regarding the Insured Person's /Dependent's death. If your Group Contract contains an Alcohol/Drug Exclusion, a Toxicology Report will be required.

■ Payment Verification:

Groups should include the enrollment form, copies of any beneficiary changes, absolute assignments or funeral assignments when submitting a claim.

■ Beneficiary is Deceased:

If the Primary Beneficiary is no longer living - a Certified Death Certificate must accompany the claim before payment can be made to the Contingent (secondary) Beneficiary. If the Contingent (secondary) Beneficiary is also deceased, a Certified Death Certificate will also be required in order to pay certain relatives or the Estate, according to the contract.

■ Beneficiary is an Estate:

Court documents of appointment must be forwarded to The Lincoln National Life Insurance Company before payment can be made to an Estate. The documents of appointment must name the Personal Representative of the Estate (also called the Executor, Executrix, Administrator or other similar title) to whom benefits can be paid.

■ Beneficiary is a Trust:

If payment is to be made to a Trust, a copy of the Trust Document must be provided with the claim. Such documents must designate the Trustee to whom proceeds will be paid.

■ Beneficiary is a Minor:

According to state law, a minor lacks capacity to sign a binding release of an insurance contract.

For this reason, life insurance benefits are not directly payable to a minor beneficiary. The following are options available when the beneficiary is a minor:

1. SecureLine Account – The insurance proceeds are placed into an interest-bearing account until the minor child reaches the age of majority for the state in which he/she resides. (Not all states apply)
2. UTMA (Uniform Transfer to Minors Act) – UTMA payment can be utilized providing that the benefit amount including interest is under the amount allowed for the minor beneficiary's state of residence.
3. Guardianship papers – The minor's custodian may obtain formal guardianship papers for the minor's estate. These legal guardianship documents must be obtained prior to the release of the benefit.

**FRAUD NOTICES. For your protection, certain states require that the following notices appear on this form.**

**Alaska.** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona.** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island and West Virginia.** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California.** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado.** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware.** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia.** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida.** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho.** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

**Indiana.** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky.** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine.** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland.** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota.** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire.** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey.** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico.** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio.** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma.** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon.** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**Pennsylvania.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico.** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee and Washington.** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas.** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**FOR ALL OTHER STATES EXCLUDING CONNECTICUT, KANSAS, AND VIRGINIA.** A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.