

Lincoln Financial Group

The Lincoln National Life Insurance Company
 P.O. Box 2616
 Omaha, NE 68103-2616
 Phone: (800) 423-2765
 Fax: (877) 573-6177

ENROLLMENT FORM FOR LIFE/AD&D AND LONG-TERM DISABILITY *(Complete for all enrollments):*

Last Name:		First Name:		Middle Initial:	Social Security #:	
Street Address:			City:	State:	Zip:	Home Phone:
Gender:	Male	Female	Marital Status:	Married	Single	Date of Birth:
						Employee Group:

Beneficiary Information LIFE/AD&D

Primary Beneficiary:			
Last Name:	First Name:	Relationship:	Benefit %:
Last Name:	First Name:	Relationship:	Benefit %:

Contingent Beneficiary:			
Last Name:	First Name:	Relationship:	Benefit %:
Last Name:	First Name:	Relationship:	Benefit %:

A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you will to designate more than two Primary or Contingent Beneficiaries, please attach a separate sheet of paper.

PRODUCT SELECTION *(Complete for All Enrollments):*

Basic Coverage Note: Please mark the box or boxes for each coverage you are applying for. All Coverage amounts are subject to the limitations and exclusions as state in the policy.

Type of Coverage	Effective Date	Amount of Coverage	Total Premium
Basic Group Life/AD&D:			Employer Paid:
Long Term Disability:			Employer Paid:

Signature: _____ Printed Name: _____ Date: _____

Note: A person may be committing insurance fraud, if he or she submits an application of claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) and insurance company.

The insurance requested on this enrollment for with not be effective until approved by the Group Insurance Office of the Lincoln National Life Insurance Company, or its insurance partners, and the initial premium is paid to The Lincoln National Life Insurance Company.

A delayed effective date will apply if the employee is not Actively at Work or an Active Member.