

At Lincoln, we realize that the quality of our underwriting service is critical to your success.

Preferred criteria (standard risk with no extra mortality)

Criteria	Preferred plus nontobacco
Tobacco use	 No tobacco/nicotine products in 36 months. Occasional cigar use of up to 12 cigars a year with a urine specimen negative for nicotine.
Personal history	 No personal history of cardiovascular disease, diabetes and/or cancer, excluding squamous and basal cell skin cancers.
Drug and alcohol history	 No history of alcohol or drug abuse within the past 10 years.
Family history	 Up to age 69 — No deaths of parent or sibling before age 65 due to coronary artery disease, myocardial infarction or cerebrovascular disease (stroke). Death due to aneurysm does not preclude preferred plus. Age 70 and up — Disregard family history of cardiovascular disease.
Driving history	 No more than 3 nonratable moving violations in the past 3 years. No DUI or license suspension in the past 5 years.
Labs	Blood tests other than lipids — within normal limits.
Cholesterol	 Minimum untreated cholesterol reading is 100. Maximum cholesterol is 300. Up to age 69 — Treated and untreated findings: Cholesterol/HDL ratio ≤5.0. Age 70 and up — Treated and untreated findings: Cholesterol/HDL ratio ≤5.5.
Blood pressure ¹	 Up to age 69 — 130/80 or lower and currently taking 0-1 hypertension meds Age 70 and up — 135/85 or lower and currently taking 0-1 hypertension meds
Aviation and avocations	 No private aviation. No ratable avocations or occupations. Commercial pilots may be eligible (contact your underwriter).
Build	 Up to age 60 – BMI of 30 or less and minimum BMI of 18. Age 61 and up – BMI 31 or less and a minimum BMI of 19.

¹Underwriter will order APS if necessary



Our dedicated, leading-edge underwriting is one reason we're a top producer of life insurance. Read more to learn about our outstanding service and value.

Preferred nontobacco

- No tobacco/nicotine products in 24 months. Occasional cigar use of up to 24 cigars a year with a urine specimen negative for nicotine.
- No personal history of cardiovascular disease and/or diabetes. Certain cancers, such as squamous and basal cell skin cancers, testicular, thyroid, uterine, cervical and prostate, may qualify for preferred.
- Age 70 and up See additional criteria for diabetes.
- No history of alcohol or drug abuse within the past 10 years.
- **Up to age 69** No deaths of parent or sibling before age 60 due to coronary artery disease, myocardial infarction or cerebrovascular disease (stroke).
- Death of a family member due to aneurysm does not preclude preferred.
- Age 70 and up Disregard family history of cardiovascular disease.
- No more than 3 nonratable moving violations in the past 3 years.
- No DUI or license suspension in the past 5 years.
- Blood tests other than lipids within normal limits.
- Minimum untreated cholesterol reading is 100. Maximum cholesterol is 300.
- Up to age 69 Treated and untreated findings: Cholesterol/HDL ratio ≤6.0.
- Age 70 and up Treated and untreated findings: Cholesterol/HDL ratio ≤7.0.
- Up to age 69 140/90 or lower
- Age 70 and up 150/90 or lower
- No ratable avocations or occupations.
- For private aviation, if pilot has IFR or 1,000 total flight hours, flies between 25 and 250 hours a year in the U.S. and Canada, is under age 70, has clean MVR.
- Up to age 60 BMI of 32 or less and minimum BMI of 18.
- Age 61 and up BMI of 33 or less and minimum BMI of 19.

ADDITIONAL CRITERIA FOR PREFERRED NONTOBACCO ONLY

- Personal history of diabetes age 70 and up
- Type 2, duration 3 years or less
- Oral medications or dietcontrolled
- Hemoglobin A1C average over past 12 months of 6.4 or lower
- Current urinalysis negative and no history of proteinuria
- No history of retinopathy or neuropathy
- Blood pressure well-controlled
- Favorable cardiac workup (for example, negative treadmill EBCT or catheterization within 2 years)
- Good lipids (meets preferred lipids criteria)

Underwriting classes

Classes may vary by product and age. Check product specifications for available classes.

1. Preferred plus nontobacco

Preferred plus is the best risk classification from Lincoln and includes those applicants who have not used tobacco or nicotine in any form in the past 36 months (except for the occasional cigar, provided the urine specimen is negative for nicotine) and meet all of the preferred plus criteria.

2. Preferred nontobacco

This class is for clients who enjoy exceptional health and have not used tobacco or nicotine in any form in the past 24 months (except for the occasional cigar, provided the urine specimen is negative for nicotine) and meet all the preferred criteria.

3. Standard nontobacco

This class represents those insureds who have an average life expectancy and do not meet preferred criteria. This class includes applicants who use cigars, pipes, chewing tobacco and other tobacco products, and who may test positive for nicotine. Excludes cigarette and e-cigarette smokers.

4. Preferred tobacco

This class is similar to the preferred nontobacco class where the insured meets all the preferred criteria, but the insured has smoked cigarettes within the past 12 months.

5. Standard tobacco

This class is similar to the standard nontobacco class, but the insured has smoked cigarettes within the past 12 months.



NOTE: Marijuana is not considered a tobacco product and can qualify for nontobacco rates.

Vaping of any nicotine substance/liquid is considered tobacco use, and vaping those substances/liquids will be assessed at the tobacco rate.

Minimum/maximum BMI and weight in pounds for preferred/preferred plus

		Male/female	e age 18-60		Male/female age 61−80			
	Preferred	ferred plus BMI Preferred BMI		ed BMI	Preferred plus BMI		Preferred BMI	
Height	Min 18	Max 30	Min 18	Max 32	Min 19	Max 31	Min 19	Max 33
4' 10"	87	146	87	155	91	151	91	160
4' 11"	90	151	90	161	95	156	95	166
5' 0"	93	156	93	166	98	161	98	172
5' 1"	96	161	96	172	101	167	101	177
5' 2"	99	167	99	178	104	172	104	183
5' 3"	102	172	102	184	108	178	108	189
5' 4"	105	178	105	189	111	184	111	195
5' 5"	109	183	109	195	115	189	115	201
5' 6"	112	189	112	201	118	195	118	208
5' 7"	115	195	115	208	122	201	122	214
5' 8"	119	201	119	214	125	207	125	221
5' 9"	122	207	122	220	129	214	129	227
5' 10"	126	213	126	227	133	220	133	234
5' 11"	130	219	130	233	137	226	137	240
6' 0"	133	225	133	240	141	233	141	247
6' 1"	137	231	137	247	145	239	145	254
6' 2"	141	238	141	253	148	246	148	261
6' 3"	145	244	145	260	153	252	153	268
6' 4"	148	251	148	267	157	259	157	276

Build

Preferred plus nontobacco criteria:

Up to age 60BMI of 30 or less and a minimum BMI of 18.

Age 61 and upBMI of 31 or less and a minimum BMI of 19.

To determine the applicable rating, first locate the appropriate chart using the client's current age, then find the client's height in the first column. Each cell in that row corresponds to the highest weight allowed for the rating displayed at the top of the column. Find the left-most cell with a value greater than or equal to the client's weight in pounds to determine the appropriate rating.

	Male/female ages 18-60							
	125%	STD	125%	150%	175%	200%	225%	250%
Height	Weight							
4' 8"	78	158	171	178	185	189	194	198
4' 9"	80	164	177	184	191	196	201	205
4' 10"	83	169	184	191	198	203	208	212
4' 11"	86	175	190	198	205	210	215	220
5' 0"	89	181	197	204	212	217	222	227
5' 1"	92	187	203	211	219	224	230	235
5' 2"	95	194	210	218	226	232	237	243
5' 3"	98	200	217	225	234	239	245	251
5' 4"	101	206	224	233	241	247	253	259
5' 5"	105	213	231	240	249	255	261	267
5' 6"	108	219	238	247	257	263	269	275
5' 7"	111	226	245	255	264	271	277	284
5' 8"	115	233	253	263	272	279	286	292
5' 9"	118	240	260	270	281	287	294	301
5' 10"	121	247	268	278	289	296	303	310
5' 11"	125	254	276	286	297	304	311	319
6' 0"	129	261	283	294	305	313	320	328
6' 1"	132	269	291	303	315	322	329	337
6' 2"	136	276	299	311	323	331	338	346
6' 3"	140	284	308	320	332	340	348	356
6' 4"	143	291	316	328	340	349	357	365
6' 5"	147	299	324	337	349	358	366	375
6' 6"	151	307	333	346	359	367	376	385
6' 7"	155	315	341	355	368	377	386	395
6' 8"	159	323	350	364	377	386	395	405
6' 9"	163	331	359	373	387	396	405	415

	Male/female age 61-80							
	125%	STD	125%	150%	175%	200%	225%	250%
Height	Weight							
4' 8"	78	162	171	178	185	189	194	198
4' 9"	80	168	177	184	191	196	201	205
4' 10"	83	174	184	191	198	203	208	212
4' 11"	86	180	190	198	205	210	215	220
5' 0"	89	186	197	204	212	217	222	227
5' 1"	92	193	203	211	219	224	230	235
5' 2"	95	199	210	218	226	232	237	243
5' 3"	98	206	217	225	234	239	245	251
5' 4"	101	212	224	233	241	247	253	259
5' 5"	105	219	231	240	249	255	261	267
5' 6"	108	226	238	247	257	263	269	275
5' 7"	111	233	245	255	264	271	277	284
5' 8"	115	240	253	263	272	279	286	292
5' 9"	118	247	260	270	281	287	294	301
5' 10"	121	254	268	278	289	296	303	310
5' 11"	125	261	276	286	297	304	311	319
6' 0"	129	269	283	294	305	313	320	328
6' 1"	132	276	291	303	315	322	329	337
6' 2"	136	284	299	311	323	331	338	346
6' 3"	140	292	308	320	332	340	348	356
6' 4"	143	299	316	328	340	349	357	365
6' 5"	147	307	324	337	349	358	366	375
6' 6"	151	315	333	346	359	367	376	385
6' 7"	155	323	341	355	368	377	386	395
6' 8"	159	332	350	364	377	386	395	405
6' 9"	163	340	359	373	387	396	405	415

Cholesterol

Preferred plus nontobacco criteria:

Up to age 69

Treated and untreated findings: Cholesterol/HDL ratio ≤5.0.

Age 70 and up

Treated and untreated findings: Cholesterol/HDL ratio ≤5.5.

	Cholesterol/HDL ratio					
Total cholesterol (mg/dL)	Up to 4.0	4.1 to 4.9	5.0 to 5.8	5.9 to 7.0	7.1 to 8.9	9.0 to 10.9
Up to 250	STD	STD	STD	STD	125%	150%
251 to 300	STD	STD	STD	STD	125%	175%
301 to 350	STD	125%	125%	125%	150%	200%
351 to 400	125%	125%	150%	150%	175%	250%

Minimum untreated cholesterol reading is 100. Maximum cholesterol is 300.

Blood pressure¹

Preferred plus nontobacco criteria:

Up to age 69

• 130/80 or lower and currently taking 0-1 hypertension meds

Age 70 and up

Diastolic

<86

86 to 90

91 to 95

96 to 100

101 to 105

135/85 or lower and currently taking 0-1 hypertension meds

STD

165

165

170

165

N/A

150%

175

170

		Male/female ages 15-45					
	STD	150%	175%	200%	225%		
Diastolic		'	Systolic				
<86	160	170	175	180	185		
86 to 90	155	165	170	175	180		
91 to 95	145	160	165	170	175		
96 to 100	N/A	145	160	165	175		
101 to 105	N/A	N/A	N/A	155	165		

	Male/female ages 55-60					
	STD	150%	175%	200%	225%	
Diastolic		'	Systolic			
<86	170	180	185	190	N/A	
86 to 90	170	175	180	190	N/A	
91 to 95	165	175	180	185	190	
96 to 100	155	170	175	180	185	
101 to 105	N/A	N/A	155	175	185	

	STD	150%	175%	200%	225%
Diastolic			Systolic		
<86	170	180	185	190	N/A
86 to 90	170	175	180	190	N/A
91 to 95	165	175	180	185	190
96 to 100	155	170	175	180	185
101 to 105	N/A	N/A	155	175	185

91 to 95	160	170	175	180	185
96 to 100	N/A	155	170	175	180
101 to 105	N/A	N/A	150	165	175
		Male/fe	male age	e 61–80	
	STD	150%	175%	200%	225%
Diastolic			Systolic		
<86	180	185	190	195	N/A
86 to 90	175	180	185	190	195

180

175

165

Male/female ages 46-54 175%

Systolic

180

180

185

180

180

200%

185

185

190

185

185

225%

190

190

195

190 190

¹Underwriter will order APS if necessary.

General lab-free qualification guidelines

- Available with paper or electronic ticket submissions only
- Client ages 18–60
- Face amount: \$2.5 million or less
- Consideration for all preferred plus, all preferred and most standard rate classes
- No major medical conditions
- Within height/weight limits
- Maximum lifetime lab-free consideration does not exceed \$2.5 million
- Applicant is a U.S. citizen or permanent resident green card holder

Nonmedical conditions that prompt the need for labs/vitals

- Use of cigarettes, e-cigarettes, vaping products, or herbal cigarettes.
 (Other tobacco products and/or marijuana use meeting standard nontobacco or better may qualify for lab-free).
- History of DUI or distracted driving convictions in the last 5 years
- Felony conviction in the last 7 years
- Submission of a prior trial (informal) or formal application to Lincoln Financial Group within the last 12 months
 - If there are valid labs on file from a previous formal submission, they may be used in place of ordering new labs
 - Formal submissions indicating a pending application with another carrier within the last 6 months

Medical conditions that prompt the need for labs/vitals

Note: This list is not all-inclusive. Due to the complexity of individual medical histories, multiple medical conditions could prompt the need for labs/vitals, even if not listed below.

- Alcohol abuse and/or treatment
- Atrial fibrillation
- Bipolar disorder
- Cancer history (other than basal and squamous cell skin cancers)
- Carotid artery disease
- Elevated cholesterol without treatment
- Chronic obstructive pulmonary disease (COPD/emphysema)
- Crohn's disease/ulcerative colitis
- Diabetes/gestational diabetes
- Drug abuse and/or treatment
- Emphysema
- Epilepsy/seizure
- Gastric bypass/lap band
- Heart disease/surgery (all types)
- Hepatitis B or C
- Hypertension
- Kidney disease
- Melanoma
- MIB and prescription database results that indicate adverse medical history
- Multiple sclerosis (MS)
- Peripheral artery disease (PAD)/ peripheral vascular disease (PVD)
- Chronic prescription narcotic use

Age and amount requirements

Permanent and term life products

For second-to-die policies, divide the face amount in half for all requirements.

	Age (insurance age)					
Face amount	0-14	15-40	41-50	51-69	70-80	
\$0 to \$49,999	Non-med	Non-med	Non-med	Non-med Short-form exam Urine w/HIV	Paramed w/senior supp ¹ Blood Urine specimen	
\$50,000 to \$99,999	Non-med	Non-med Short-form exam Urine w/HIV	Non-med Short-form exam Urine w/HIV	Non-med Short-form exam Urine w/HIV	Paramed w/senior supp ¹ Blood Urine specimen	
\$100,000 to \$250,000	Non-med	Paramed Blood Urine specimen	Paramed Blood Urine specimen	Paramed Blood Urine specimen	Paramed w/senior supp ¹ Blood Urine specimen	
\$250,001 to \$500,000	Non-med	Paramed Blood Urine specimen	Paramed Blood Urine specimen	Paramed Blood ² Urine specimen	Paramed w/senior supp ¹ Blood ² Urine specimen	
\$500,001 to \$1,000,000	Non-med	Paramed Blood Urine specimen	Paramed Blood Urine specimen	Paramed Blood ² Urine specimen	Paramed w/senior supp ¹ Blood ² Urine specimen	
\$1,000,001 to \$2,500,000	Contact underwriter	Paramed Blood Urine specimen	Paramed Blood Urine specimen	Paramed Blood ² Urine specimen	Paramed w/senior supp ¹ Blood ² Urine specimen	
\$2,500,001 to \$5,000,000	Contact underwriter	Paramed Blood Urine specimen	Paramed Blood ² Urine specimen	Paramed Blood ² Urine specimen	Paramed w/senior supp ¹ Blood ² Urine specimen	
\$5,000,001 to \$10,000,000	Contact underwriter	Paramed Blood Urine specimen	Paramed Blood ² Urine specimen	Paramed Blood ² Urine specimen	Paramed w/senior supp ¹ Blood ² Urine specimen	
\$10,000,001 to \$60,000,000	Contact underwriter	Paramed Blood ² Urine specimen	Paramed Blood ² Urine specimen	Paramed Blood ² Urine specimen	Paramed w/senior supp ¹ Blood ² Urine specimen	

Amounts over \$60,000,000 require facultative reinsurance, and additional requirements may be needed at reinsurer's discretion.

¹ The senior supplement consists of a Get Up and Go test, word recall test, and a clock draw.

² ProBNP required with labs.

Other requirements

Older age PHI

Age 70+ - \$100,000 and up

For ticket submissions, the older age PHI interview will be conducted separately from the online or phone interview.

PHI for Long-term Care

- Applies to cases with the Long-Term Care Rider, Lincoln Care Coverage® ABR, Lincoln LifeEnhance® ABR or Lincoln LifeAssure® ABR
- Age 61+
- All face amounts

MVR

- Ages 16 to 40 \$250,000 and up
- Age 41+ \$500,000 and up

For ticket submissions, verification of driving history is reviewed for all ages and face amounts.

Verification of health status

"Good Health Statement and Insurability Supplement" – Form LFF12222, will only be required for placement in the following scenarios:

- All cases for ages 70 and up
- All cases when the signed Part II (exam and/or nonmedical form) is over 60 days old
- All cases rated greater than standard, including flat extras and table reduction program
- All cases with a face amount of \$10,000,000 and above

The signed Good Health Statement and Insurability Supplement Form is valid for 60-calendar days from the client signature date on the form. A new form will be requested if the policy is not placed within 60-calendar days of the client signature date, as a result of other placement restrictive outstanding requirements — including, but not limited to: other delivery requirements, premium, or a revised illustration.

Financial documentation

Form 4506-C:

- Ages 26 to 69 \$10 million and up
- Ages 70 to 75 \$2.5 million and up
- Ages 76 to 80 \$2 million and up
- Premium finance cases all ages and face amounts

For any amount, underwriting may require financial documentation, such as income tax returns, third-party verification of net worth, or copies of estate planning materials, prepared and provided to support the case design and amount applied for.

Reinsurance limits

Permanent life and term products

Autobind limits

\$60,000,000 ages 0-75 \$50,000,000 ages 76-80

Jumbo limits

\$65,000,000 ages 0-80

Foreign Nationals autobind limits

\$40,000,000 ages 18-752

Foreign Nationals jumbo limit

\$60,000,000 ages 18-752

Table reduction program

- Only permanent products¹ are eligible for this program.
- Ages up to 70, maximum face amount is \$10 million.
- Medical impairments with table rating of Table C or less will be reduced to standard on individual products. Both lives on survivorship products can be reduced to standard provided both are Table C or less, and both lives are age 70 or less.
- Medical flat extra ratings of \$5 per thousand or less will be reduced to standard. A flat extra of \$5 with a table rating
 of B will be eligible for the table reduction program.
- Nonmedical flat extra ratings for aviation, avocation, motor vehicle, occupation, and foreign residence or travel are not eligible for the program.

Expiration date for requirements

Requirement type	Time frame for expiration
Application (Part I)	12 months (with MIB, Rx, Dx and MVR check after 6 months)
Signed/Unsigned Tele-interview (Part I)	12 months from date of interview (with MIB, Rx, Dx and MVR check after 6 months)
Part II Paramed, Blood/Urine Non-Medical Supplement Signed/Unsigned Tele-interview	12 months — Up to age 69 (with MIB, Rx, Dx and MVR check after 6 months) 6 months — age 70+
Resting EKG	12 months
PHI/Electronic Inspection (EIR)	12 months
MIB, Pharmacy Search (Rx), Medical Claims Data Search (Dx), MVR	6 months
Good Health Statement and Insurability Supplement (GHS)	60-calendar days from the client signature date on the form

¹ Not available for variable universal life products. This program is not available for our term insurance or the Lincoln MoneyGuard® series of products.

Approved vendor list

Examinations

APPS

Phone: 800-727-2101 Fax: 877-519-3412 www.appslive.com CSU@appshq.com

ExamOne

Phone: 800-768-2056 Fax: 913-859-6882 www.examone.com CSG.1@examone.com

IMS Paramed

Phone: 877-808-5533 Fax: 877-410-5522 www.imsparamed.com ims@imsparamed.com

Quick quote services

iPipeline/XRAE

222 Valley Creek Boulevard Suite 300 Exton, PA 19341 XRAE support: 877-438-9723 xraesupport@ipipeline.com

Medical records

Clareto1

Phone: 804-409-0050 www.clareto.com support@clareto.com

Express Imaging Services^{1,2}

Phone: 888-846-8804 Fax: 800-347-4119 www.expressimagingservice

www.expressimagingservices.com info@expressimagingservices.com

Human API¹

Phone: 650-542-9800 humanapi.co support@humanapi.com

Jetstream²

Phone: 888-233-8015, ext. 229 Fax: 310-914-3106

www.JetstreamAPS.com info@JetstreamAPS.com

Parameds.com^{1,2}

Phone: 718-575-2000 Fax: 877-516-1480 www.parameds.com Carmella.Grant@parameds.com

APS translation services

Translations can only be completed by authorized vendors, contingent on underwriter approval.

For Spanish translation, contact your underwriter for handling.

For other language translation, contact the following authorized vendors:

LanguageLine Solutions³

1 Lower Ragsdale Drive, Building 2 Monterey, CA 93940 Phone: 888-763-3364 www.languageline.com Etranslation@languageline.com

MIR Associates Inc.3

P.O. Box 274
Burlington, MA 01803
Phone: 800-545-0308 or 781-270-0308

www.mir-associates.com info@mir-associates.com

OSC Communications³

1 Fairfield Crescent West Caldwell, NJ 07006 Phone: 973-227-5112 www.oneworldonestop.com info@oneworldonestop.com

¹ Electronic Health Records (EHR).

² APS Services.

³ Lincoln will not pay the APS Translation vendors directly; however, services completed by these vendors qualify for agent reimbursement. Translations are reimbursed up to \$250 with no prior approval; for any fee above \$250, please contact your Underwriter or the Vendor Management Team at nbvendormgt@LFG.com for approval.

Lincoln strongly encourages the use of our approved vendors.

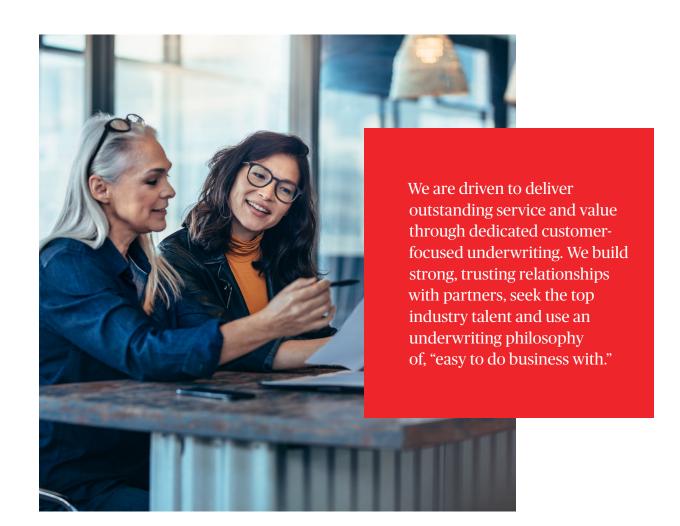
The advantages offered include:

- Vendors have passed Lincoln's IT assessments, thus assuring the security of our customer, employee, agent and company nonpublic personal information (NPPI).
- Many vendors directly bill Lincoln, eliminating out-ofpocket expenses for any field-ordered services.
- Vendors are held to contracted service-level agreements, helping to leverage issue resolution.
- Internal partner support for vendor-related issues.
- Ordered results are electronically transmitted directly to Lincoln, eliminating additional efforts and processing by the agent.

Quick quote tools

We have partnered with XRAE to offer you instantaneous quotes -24/7 – for many common impairments.

To get started, access the XRAE quick quote tool on the life insurance product pages of your Lincoln producer website or visit https://lincoln.xrae.com.



Medical reimbursement guidelines

We appreciate your business and thank you for submitting insurance applications through Lincoln Financial Group. We encourage you to use our approved vendors for medical requirements. If you choose to order from an approved vendor, the vendor will directly bill Lincoln Financial, thus eliminating the need for you to pay out-of-pocket and submit documentation for reimbursement. However, if you order requirements from a nonapproved vendor, follow the steps below to ensure you receive prompt reimbursement.

Ordering process

Submit a cover letter with the initial application stating what you are ordering, so duplicate orders do not occur. If the Home Office is notified at this time and the requirement is needed by the underwriter, reimbursement requests will be processed according to the following guidelines.

Reimbursement process

- Include the reason for the reimbursement request, a copy of the invoice, proof of payment, applicant's full name, policy number and applicant's date of birth.
- For APS reimbursements, also provide a contact name at the physician's office or medical facility.
- Reimbursement will be made for the actual APS total cost up to \$250 (includes a maximum retrieval fee of \$17). We will reimburse up to a total of \$250 from each single doctor or source. The total of \$250 is a combined total from each single doctor or source, no matter the number of individual APS records received from that doctor or source. Any amount over the total of \$250 will need to be preapproved by the underwriter. Please have the bill submitted in its entirety for a one-time reimbursement.
- Electronic Health Record (EHR) reimbursement will be processed at a maximum of \$60.00 per data source/ provider/facility. Any amount exceeding \$60.00 requires Underwriter preapproval.

- APS translation cost will be reimbursed up to \$250.
 Lincoln will only accept translations completed by LanguageLine Solutions, MIR Associations Inc. and OSC Communications. Contact underwriter for APS translation approval.
- Medical requirements completed by unapproved vendors or personal physicians will only be reimbursed up to our average approved fee. Contact the underwriter for personal physician approval.
- Bilingual PHIs: We will only reimburse for orders through First Financial.
- All reimbursement requests should be sent to MedFeeReimb@LFG.com.
- For informal or trial applications, we do not pay for requirements, but we will honor requests for reimbursement provided a formal application is submitted.

Additional important information

- For formal applications, we will reimburse for any record that is needed based on the field guidelines for ordering attending physician's statement grid (page 14). Our approved vendors have the appropriate grids. We will reimburse once the formal policy has been submitted.
- You will be reimbursed within 30 days after receipt of your invoice. Please be sure to include a remittance address and name. Reimbursements must be submitted within six months of placement.
- If you select a nonapproved vendor, you will continue to be responsible for providing the vendor with current exam forms, age/amount grids and any other necessary documents needed via intranet sites.

Expense Management team inbox

 To expedite reimbursement processing and help us better respond to your questions, please contact us using the email address below.

> Email: MedFeeReimb@LFG.com Please be sure you send any medical and personal information using a secure method.

The value of partnering with Lincoln Financial Group

Lincoln Financial Group delivers sophisticated strategies and products for the creation, protection and enjoyment of wealth. We are committed to helping Americans plan for retirement, prepare for the unexpected and protect their wealth from five key financial challenges: taxes, long-term care expenses, longevity, inflation and market risk.

Rely on Lincoln for the knowledge and experience to help you address these challenges. We combine state-of-the-art products, seasoned wholesalers and specialists, and powerful visualization tools to assist you in protecting client wealth and planning financial outcomes.

Not a deposit

Not FDIC-insured

Not insured by any federal government agency

Not guaranteed by any bank or savings association

May go down in value

©2024 Lincoln National Corporation

LincolnFinancial.com

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6143574-120623 PDF ADA 5/24 **Z48** Order code: UW-GUIDE-BRC001





These Underwriting Guidelines are applicable for *Lincoln LifeElements®* Level Term and all individual and survivorship permanent life insurance products.

Lincoln life insurance policies are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., a broker-dealer. **The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so.**

Policies sold in New York are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY, and distributed by Lincoln Financial Distributors, Inc., a broker-dealer.

All guarantees and benefits of the insurance policy are subject to the claims-paying ability of the issuing insurance company. They are not backed by the broker-dealer and/or insurance agency selling the policy, or any affiliates of those entities other than the issuing company affiliates, and none makes any representations or guarantees regarding the claims-paying ability of the issuer.

Products, riders and features are subject to state availability. Limitations and exclusions may apply. Check state availability.

For financial professional use only. Not for use with the public.