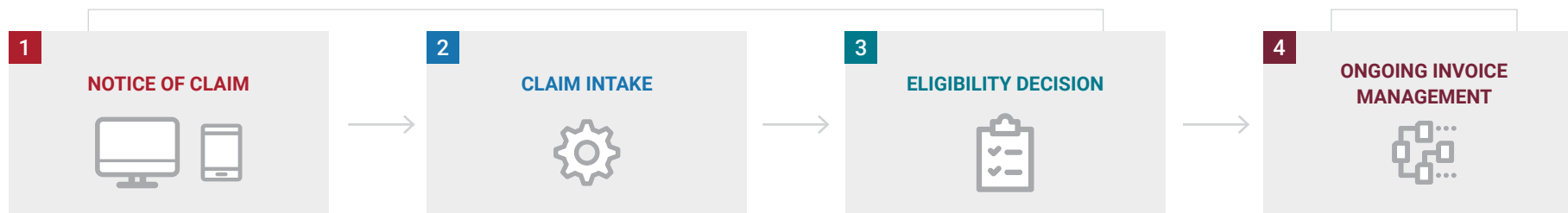


Explore the long-term care claims process

End-to-end turnaround time (TAT) is dependent on receiving necessary information: intake call completion, assessment promptly completed and return necessary paperwork quickly.

TAT= within 10 business days



INSURED

Insured can initiate claims by phone or online. To start a claim, insured should meet eligibility triggers and it is recommended that care is already in place.

CLAIMS

During initial call, claims will gather basic information and determine if insured should move to intake process. If so, insured will be transferred to intake team to acquire more detailed information. Forms are sent to insured.

INSURED

Insured confirms requirements are completed: initial forms, assessment(s), provider documents. Customer Service may contact insured for missing information.

CLAIMS

Claims will review requirements under policy terms for claimant and provider eligibility. If approved, a Plan of Care is created. Claim is approved for a finite date range and a recertification timeline is established.

INSURED

Insured discusses reason(s) for claim and current care needs with a member of the intake team. This call can be expected to take up to 45 minutes.

CLAIMS

Claims will request care provider documentation, which could include medical records and a benefit eligibility assessment, which may be done virtually or in person.

INSURED

If claim is eligible, insured may fax, email or mail invoices along with other required documents: timesheets, visit notes, facility CMR form, etc., for review. Direct deposit or other assignment of benefits may be established.

CLAIMS

Claims will process eligible invoices against policy and Plan of Care. Explanation of Benefit is mailed and available online for the policyowner.

When long-term care is needed

Plan to initiate a claim

Document the following (that apply):

- Insured's policy information
- POA documentation¹
- Insured's medical history
- Care provider's contact information
- How ADL are currently performed

Prepare for the benefit eligibility assessment (BEA)

Gather the following for the insured:

- Government issued ID
- List of treating medical providers, with contact information and dates of recent office visits
- General medical history and medication list
- POA or caregiver should be present
- List of all provider contact information
- Be prepared to demonstrate how ADL are performed

Prevent payment delays

Help streamline the claims process:

- Turnaround time for eligibility decision(s) is dependent on the timely receipt of information (e.g., claim forms, BEA, etc.)
- After approval, payment can be expected within 10 business days after receipt of invoice(s) and DVN, or CMR form.

¹An affidavit may be required dependent on the age of the POA paperwork.

TERMS TO KNOW

ADL

Activities of daily living. There are six standard ADL generally recognized with regard to LTC: bathing, dressing, toileting, transferring (getting in and out of bed or chair), eating, and continence

BEA

Benefits eligibility assessment

Caregiver

One who directly provides long-term care for someone

Care manager

One who provides information about LTC options and manages bill paying or submission of claims for LTC benefits

CMR

Continued monthly residence

DVN

Daily visitation notes

LTC

Long-term care

POA

Power of attorney

Key claims contact information

Customer Care Team

800-487-1485, opt 4, opt 3

Avail: M-F, 8 a.m. to 6 p.m. ET

General email

LincolnLTC@ltcg.com



Have questions? Contact a Lincoln representative at 800-487-1485.

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MoneyGuard Fixed Advantage® is a universal life insurance policy with a Long-Term Care Benefits Rider issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, on Policy Form ICC19-MG890/19-MG890 and state variations with the following riders: Value Protection Endorsement (VPE) on form ICC19END-10534/END-10534; Terminal Illness Acceleration of Death Benefit Rider (TIR) on form ICC19TIR-891/TIR-891; Long-Term Care Benefits Rider (LTCBR) on form ICC19LTCBR-890/LTCBR-890; Benefit Transfer Rider on form ICC21BTR-894/BTR-894. Available in all states except CA and NY.

Lincoln MoneyGuard® II is a universal life insurance policy issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, on Policy Form LN880/ICC13LN880 with the following riders: Value Protection Rider (VPR) on form LR880 and state variations/ ICC15LR880 Rev; Long-Term Care Acceleration of Benefits Rider (LABR) on form LR881/ICC13LR881; optional Long-Term Care Extension of Benefits Rider (LEBR) on form LR882/ICC13LR882. Only available in CA.

MoneyGuard Market Advantage® is issued by The Lincoln National Life Insurance Company, Fort Wayne, IN on Policy Form ICC20-MGV892/20-MGV892 with a Long-Term Care Benefits Rider (LTCBR) on Rider Form ICC20LTCBR-892/LTCBR-892, and a Value Protection Rider on Form ICC20VPR-892/VPR-892.

It is possible coverage will expire when either no premiums are paid following the initial premium, or subsequent premiums are insufficient to continue coverage.

The insurance policy and riders have limitations, exclusions and/or reductions; and are subject to medical underwriting. Long-term care benefit riders may not cover all costs associated with long-term care costs incurred by the insured during the coverage period. All contract provisions, including limitations and exclusions, should be carefully reviewed by the owner. For costs and complete coverage details, contact your agent or producer.