Lincoln's client interview guide

Be prepared to get the protection you need

Lincoln's streamlined application process allows you to apply for life insurance quickly and easily.

You can coast through your online or phone interview with ease by completing this preinterview worksheet before beginning. It will ensure you'll have the detailed health and financial information you'll need during your interview at your fingertips.

Here's how the process works

1. After Lincoln receives your request for life insurance from your financial professional, an email will be sent to you with next steps for your application interview.[1]

   Online: A secure email link will be emailed to you so you can begin your online interview. If you have questions during your interview, a "Help" feature is available for common questions, or you may chat online with a Lincoln Tele-App specialist (Monday to Friday, 8 a.m. to 9 p.m. ET). You may complete your interview at any time within 10 days.

   Phone: You will receive an email from Lincoln with a link to schedule your phone interview. Choose a time that's convenient for you. If no appointment is scheduled within 24 to 48 hours, a Lincoln representative will call you to schedule your interview. An appointment reminder is available upon request, via text message or email.

2. Because the interview questions relate to your health history and financial information, complete your interview at a time and place that offer you privacy. Regardless of which interview option you choose, the questions are the same and your personal information will remain confidential and secure.

3. Complete this preinterview worksheet to ensure you have the information needed for your interview. It's for your use only.

4. **Online:** The online interview will take approximately 20 to 30 minutes to complete and is mobile-friendly. It does not have to be completed at the same time. Once you begin, information you've already entered will be saved and you can come back to finish at a later time.

   Phone: A Lincoln representative will call you at your scheduled time. The phone interview will take about 20 to 40 minutes. Have your completed worksheet ready.

5. If labs are required, after your interview, a paramed service will contact you to schedule the appointment.

Save yourself some time by completing our preinterview worksheet.

[1] The interview is available in English only.

Insurance products issued by:
The Lincoln National Life Insurance Company

Preinterview worksheet

Use a separate sheet of paper if there is not enough room in the space provided.

Important numbers

Your Social Security number		Your driver's license number	

Financial information

Your annual earned income	Other recurring income	Total assets $	Total liabilities $

Owner and beneficiary information

If you are not the owner of the policy, provide the SSN or TIN of the individual, entity or trust that will own the policy.	Number
If the owner of the policy is a trust, provide the name and date of the trust.	Name
	Date
Policyowner email address	

Beneficiary(ies)	Beneficiary (1)	Beneficiary (2)	Beneficiary (3)
Primary or contingent?			
Name			
Date of birth			
Address			
Phone number			
Email address			
SSN or TIN			
Relationship			
Trust name			
Trustee name			
Date of trust			
Share percentage (total must equal 100%)			

Protection against unintended lapse (Designate a person other than yourself or your agent/financial professional to receive lapse and nonpayment of premium notices)

Name	Address	Phone number

Existing insurance information

List every life insurance policy and annuity contract you currently have in-force, and any life insurance or annuity you've applied for, but have not yet been issued.

Company name	Policy number	Issue date	Face amount	Replacing[1]	Sold
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

[1] Refer to the Lincoln Definition of Replacement.

Physical stature

Height		Weight	

Medical information

Provide the following information about any doctors you have seen.

Name of your primary care physician	Complete mailing address	Phone number	Date of last visit	Reason(s) for visit

Names of other doctors you've seen	Complete mailing address	Phone number	Date of last visit	Reason(s) for visit

Medical tests

List any medical tests you've had, along with the following supporting information.

Name/type of test	Date of test	Result of test (if known)	Who has the results?

Hospitals and medical facilities

Provide the following information about hospital or medical facility admissions.

Name and complete mailing address of the hospital/medical facility	Phone number	Date of admission(s)	Reason for admission(s)	Name of doctor (attending MD) who may have the records

Family medical history

Have any of your parents or siblings died due to coronary disease, heart attack or stroke before age 65?	☐ Yes ☐ No	If so, what was the age of death?	

Medications

Provide the following information about prescription medication you are currently taking.

Prescription name	Dosage and frequency	Who prescribed this medication?	Reason prescribed

If you are currently being treated or have been treated for any medical condition within the past 10 years please have details ready, including condition, treating physician, type of treatment received, medications, testing done, most recent test results, etc. Medical conditions include, but are not limited to:

Asthma				
Date of diagnosis	Have you been diagnosed with acute severe asthma? ☐ Yes ☐ No	Frequency of symptoms		Do you require oral steroids? ☐ Yes ☐ No
Crohn's disease				
Date of diagnosis	Did you require surgical treatment? ☐ Yes ☐ No	Did you require hospitalization for this condition? ☐ Yes ☐ No		Did you require steroids or immunosuppressants? ☐ Yes ☐ No
Diabetes				
Date of diagnosis	Provide most recent A1C result.	Complications from diabetes?		Type of treatment
Hypertension (high blood pressure)				
Date of diagnosis	Did you require hospitalization for this condition? ☐ Yes ☐ No	Complications from high blood pressure?		Type of treatment
Depression/anxiety				
Date of diagnosis	Did you require hospitalization for this condition? ☐ Yes ☐ No	Type of treatment and/or medication		Have you missed time from work or received disability due to this condition? ☐ Yes ☐ No
Seizure disorder				
Date of diagnosis	Did you require hospitalization for this condition? ☐ Yes ☐ No	Frequency of seizures/date of last seizure		Type of treatment
Sleep apnea				
Date of diagnosis	Did you require surgical treatment? ☐ Yes ☐ No	Is CPAP required? ☐ Yes ☐ No	How often?	Did you have follow-up sleep studies? ☐ Yes ☐ No
Ulcerative colitis				
Date of diagnosis	Did you require surgical treatment? ☐ Yes ☐ No	Dates of colonoscopies		Did you require steroids or immunosuppressants? ☐ Yes ☐ No

Hobbies, avocations and aviation activity

We will be asking you for details on your hobbies and other avocations (including aviation activities). Provide the following details for each hobby or avocation you engage in. After reviewing your responses, we may have some follow-up questions.

Hobbies/avocations (any type of racing, scuba diving, skydiving, hang gliding, etc.)

Activity	
Number of hours performed in the last 12 months	
Number of hours expected in the next 12 months	
Certifications/licenses held	
Location of activity performed	
Speeds, depths, heights attained	

Aviation

Type of aircraft flown		**License(s) held**	
Are you a student pilot?	**Total hours flown solo**	**Total hours expected to fly in the next 12 months**	**Are you qualified under Instrument Flight Rules (IFR)?**
☐ Yes ☐ No			☐ Yes ☐ No

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

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