

# Lincoln's client interview guide

## Be prepared to get the protection you need

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### 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 the next steps for your application interview.<sup>1</sup>

**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. 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. 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.

<sup>1</sup> The interview is available in English only.

## Preinterview worksheet

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

### Important numbers

<b>Your Social Security number</b>		<b>Your driver's license number</b>	
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### Financial information

<b>Your annual earned income</b>	<b>Other recurring income</b>	<b>Total assets \$</b>	<b>Total liabilities \$</b>

### Owner and beneficiary information

<b>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.</b>	Number
<b>If the owner of the policy is a trust, provide the name and date of the trust.</b>	Name
	Date
<b>Policyowner email address</b>	

<b>Beneficiary(ies)</b>	<b>Beneficiary (1)</b>	<b>Beneficiary (2)</b>	<b>Beneficiary (3)</b>
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)

<b>Name</b>	<b>Address</b>	<b>Phone number</b>

### 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.

<b>Company name</b>	<b>Policy number</b>	<b>Issue date</b>	<b>Face amount</b>	<b>Replacing<sup>1</sup></b>	<b>Sold</b>
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

<sup>1</sup> Refer to the Lincoln Definition of Replacement.

### Physical stature

Height		Weight	
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### 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?	
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### 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:

<b>Asthma</b>				
Date of diagnosis	Have you been diagnosed with acute severe asthma? Yes    No	Frequency of symptoms	Do you require oral steroids? Yes    No	
<b>Crohn's disease</b>				
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	
<b>Diabetes</b>				
Date of diagnosis	Provide most recent A1C result.	Complications from diabetes?	Type of treatment	
<b>Hypertension (high blood pressure)</b>				
Date of diagnosis	Did you require hospitalization for this condition? Yes    No	Complications from high blood pressure?	Type of treatment	
<b>Depression/anxiety</b>				
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	
<b>Seizure disorder</b>				
Date of diagnosis	Did you require hospitalization for this condition? Yes    No	Frequency of seizures/date of last seizure	Type of treatment	
<b>Sleep apnea</b>				
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
<b>Ulcerative colitis</b>				
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.)

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

**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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