

Need to make a claim? We can help!




Accident, Critical Illness and Health Assessment Benefit claims

At Lincoln Financial Group, we want to make the claim process as easy for you as we can. We will let you know what information we need, when we need it by and what you can expect from us. From the first point of contact until the benefit decision, we're here to support you every step of the way.

Ways to submit a claim

- **Online:** Through our secure self-service portal (see page 2 for details)
- **Mail:** The Lincoln National Life Insurance Company, P.O. Box 2609, Omaha, NE 68103
- **Email:** fileclaim@LFG.com
- **Phone (Health Assessment Benefit Only):** 800-423-2765
- **Fax:** 888-735-7636

Download claim forms for mail, fax and email submissions at lincolnfinancial.com/claimforms

 Accident claim	 Critical Illness claim	 Health Assessment Benefit claim
<ul style="list-style-type: none"> ▪ Employer ▪ Group policy number ▪ Employee's information: <ul style="list-style-type: none"> – Name and birthdate – Address, phone number and email – Social Security number or employee's work ID ▪ Patient's information and relationship to employee ▪ Reason for claim ▪ Accident details: <ul style="list-style-type: none"> – Date – Location – Injuries sustained – Hospital information ▪ Payment preference (check or direct deposit) ▪ Authorization for Release of Information ▪ Physician's Statement and Verification (completed by your physician) ▪ Supporting medical records or medical information 	<ul style="list-style-type: none"> ▪ Employer ▪ Group policy number ▪ Employee's information: <ul style="list-style-type: none"> – Name and birthdate – Address, phone number and email – Social Security number or employee's work ID ▪ Patient's information and relationship to employee ▪ Illness(es) ▪ Payment preference (check or direct deposit) ▪ Authorization for Release of Information ▪ Physician's Statement and Verification (completed by your physician) ▪ Supporting medical records or medical information 	<ul style="list-style-type: none"> ▪ Employer ▪ Employee's name ▪ Policy number ▪ Employee's Social Security number or work ID ▪ Employee's address, phone number and email ▪ Patient's name and birthdate ▪ Payment preference (check or direct deposit) ▪ Tests performed ▪ Physician information: <ul style="list-style-type: none"> – Name – Specialty – Phone number – Fax number – Address

Claims process

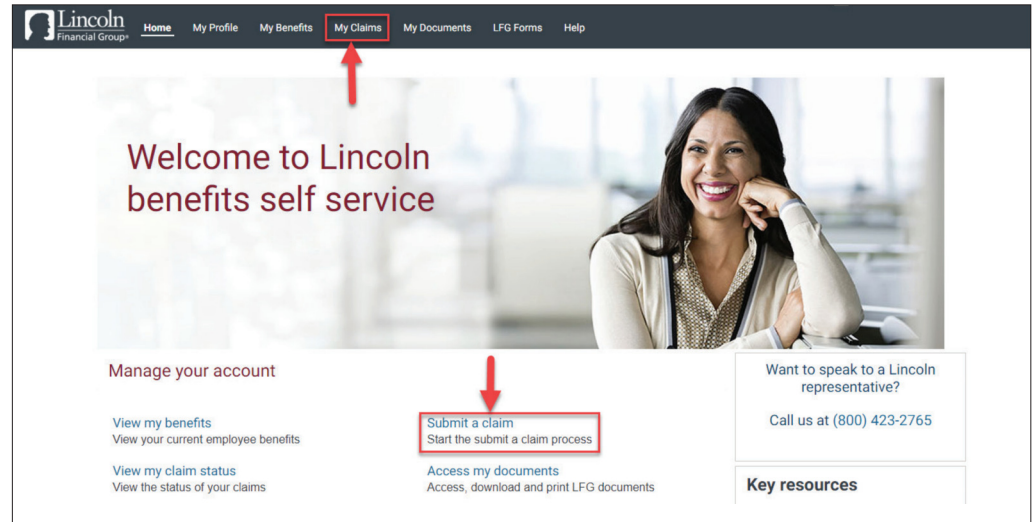
A claims examiner will review the claim within three to five business days of receipt. The claims examiner will follow up with the claimant, physician or employer if more information is needed. A claim decision will be made once we receive all needed information. If your claim is approved, your benefits will be paid as outlined in your company's policy.

Submitting claims through the Group Accident and Critical Illness Self-Service Portal

Once registered, log in to your account and select group accident or critical illness to access the portal.

Before you get started, make sure to register on LincolnFinancial.com.

1. Click **Register** on the top right of the page.
2. Click the **Accident or Critical Illness** link under Employee Benefits.
3. Enter your information.
4. Validate your identity and create username and password. Click **Log in Now**.
5. Enter your username and password and create your security question.



Step 1: Download a claim form

- Click on **My Claims**.
- Click the **Download Claim Form**.
- Select the Accident or Critical Illness claim form.

Step 2: Complete the form

- Fill out all information and save the form to your computer.
- Click **Cancel** to close the Download Form window.

Step 3: Submit the form

- Click on **Submit a claim** on the Home page.
- In the pop-up window, click **Browse**, select the completed claim form and hit **Open**.
- Add a description for the document and any additional comments, if needed.
- Click **Submit Claim**. You will get a message that the upload was successful.

To submit multiple documents, click the submit a claim form and browse to the additional document you would like to submit. This process can be repeated as many times as necessary to submit all of your documentation via the **My Documents** Tab.

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Order code: EED-ACICM-FLI001



Questions? Lincoln Financial Group® claims examiners are available at 800-423-2765.

Monday – Thursday, 8:00 a.m. – 8:00 p.m. ET

Friday, 8:00 a.m. – 6:00 p.m. ET

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