



Need to make a claim? We can help!

Accident, Critical Illness, Hospital Indemnity, 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

• Email: FileClaim@LFG.com

• **Fax:** 888-735-7636

 Mail: The Lincoln National Life Insurance Company P.O. Box 2609 Omaha, NE 68103

• Phone (Health assessment benefit only): 800-423-2765

Download claim forms for mail, fax, and email submissions at LincolnFinancial.com/ClaimForms.



- Employer
- Group policy number
- Employee's information:
 - Name and birthdate
 - Address, phone number, and email
 - Social Security number (SSN) or employee's work ID
- Patient's information and relationship to employee
- Reason for claim
- Accident details:
 - Date
 - Location
 - Injuries sustained
 - Hospital information
- Payment preference, either check or direct deposit
- Authorization for release of information
- Physician's statement and verification, to be completed by your provider
- Supporting medical records or medical information



- Employer
- Group policy number
- Employee's information:
- Name and birthdate
- Address, phone number, and email
- SSN or employee's work ID
- Patient's information and relationship to employee
- Type(s) of illness
- Payment preference, either check or direct deposit
- Authorization for release of information
- Physician's statement and verification, to be completed by your provider
- Supporting medical records or medical information



Hospital indemnity claim

- Employer
- Group policy number
- Employee's information:
- Name and birthdate
- Address, phone number, and email
- SSN or employee's work ID
- Patient's information and relationship to employee
- Confinement or admission details:
 - Discharge date/time
 - Injuries sustainedHospital information
- Admission date/time
- check or direct deposit

 Authorization for release

· Payment preference, either

- of information
 Physician's statement and
- Physicians statement and verification, to be completed by your provider
- Supporting medical records or medical information



- Employer
- Employee's name
- Policy number
- Employee's SSN or work ID
- Employee's address, phone number, and email
- Patient's name and birthdate
- Payment preference check
- Tests performed
- Physician information:
- Name
- Specialty
- Phone number
- Fax number
- Address

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Claims process

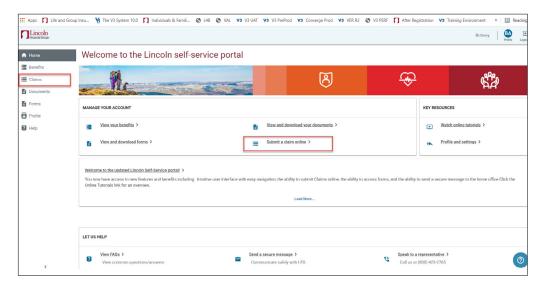
A claims examiner will review your claim within three to five business days of receipt and follow up with the claimant, physician, or employer if more information is needed. A claim decision will be made once we receive all needed information. If your claim is approved, benefits will be paid as outlined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

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

- 1. Click **Register** on the top right of the page.
- 2. Click the Product link under Employee Benefits.
- **3.** Enter requested information.
- Validate your identity, and create username and password. Click Log in Now.
- Enter your username and password, and create your security question.

Submitting claims through the Lincoln self-service portal

Once registered, log in to your account and select **Accident, Critical Illness, or Hospital Indemnity** to access the portal.



Step 1: Download claim form

- Click on Claims
- Click Download Claim Form.
- Select the Accident, Critical Illness, or Hospital Indemnity claim form.

Step 2: Complete form

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

Step 3: Submit form

- Click on Submit a claim online on the homepage.
- In the pop-up window, click Browse, select the completed claim form, and choose Open.
- Add a description for the document and enter additional comments, if needed.
- Click Submit Claim. You'll see a message that the upload was successful.
- To submit multiple documents, click the Submit a claim form and browse to the additional document you'd like to submit. This process can be repeated as many times as necessary to submit all of your documentation via the Claims page.



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

Monday – Thursday, 8:00 a.m. – 8:00 p.m. Eastern, Friday, 8:00 a.m. – 6:00 p.m. Eastern

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