Lincoln Financial Group®
You're In Charge®

LincXpress℠ Tele-App

Get ready for your life insurance application phone interview

With *LincXpress* Tele-App, providing the important information needed to complete your life insurance application is just a phone call away.

You can make your phone interview even smoother and simpler by completing the worksheet on the next few pages before your call. It ensures you'll have easy access to the detailed health and financial information you'll need during your interview.

Here's how the *LincXpress* Tele-App process works

1. A skilled Lincoln professional will call you to schedule your phone interview. Choose a time that's convenient for you.
2. Because the interview questions relate to your health history and financial information, schedule the call for a time and place that give you the privacy you need. No need to worry! We will keep your personal information confidential and secure.
3. Complete the worksheet that follows to ensure interview accuracy. It's for your use only.
4. Our Lincoln associate will call you at your scheduled time. The interview will take about 20 to 40 minutes and is conducted in English only. Have your completed worksheet ready.
5. After your interview, a paramed service will contact you to schedule labs, if required.

Take charge with a fast, convenient phone interview process. Complete the worksheet – it can save you time and promotes accuracy.

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	

Additional owner 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

Beneficiary information

Beneficiary name	Social Security number	Birth date	Address	Phone

Financial information

Earned income	Unearned income	Total net worth, including property

Existing life insurance information

List every life insurance policy you currently have in-force AND any other life insurance you've applied for that has not yet been issued.

Company name	Policy number (if available)	Issue date	Face amount	Will you be replacing the policy?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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

Medications and/or supplements

Provide the following information about prescription medication and/or supplements you are currently taking.

Prescription name	Dosage and frequency	Who prescribed this medication?	Prescription name	Dosage and frequency	Who prescribed this medication?
1.			4.		
2.			5.		
3.			6.		

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	Are you a student pilot?	License(s) held	Total hours flown solo	Total hours expected to fly in the next 12 months	Are you instrument flight rated (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

Thanks again for choosing Lincoln.

If you have any questions regarding the *LincXpress*℠ Tele-App process, call us toll free at 866-TELL-ABE (866-835-5223).

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LincXpress℠ Tele-App is not available in the state of New York.