

# 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.\*  
**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.

\*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>	
------------------------------------	--	-------------------------------------	--

### Financial information

<b>Your annual earned income</b>	<b>Other recurring income</b>	<b>Your net worth (assets minus liabilities)</b>

Beneficiary(ies)	Primary beneficiary (1)	Primary beneficiary (2)	Contingent beneficiary
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%)			

### Third-party designation (We will notify this person about a policy lapse grace period.)

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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional owner 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>	

**Physical stature**

<b>Height</b>		<b>Weight</b>	
---------------	--	---------------	--

**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**

<b>Have any of your parents or siblings died due to coronary disease, heart attack or stroke before age 65?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If so, what was the age of death?</b>	
---	--	--	--

**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?	Reason prescribed

If you have any of the conditions listed, please be prepared to provide the following information.

Asthma				
Date of diagnosis	Have you been diagnosed with acute severe asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of symptoms	Do you require oral steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Crohn's disease				
Date of diagnosis	Did you require surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you require hospitalization for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you require steroids or immunosuppressants? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complications from high blood pressure?	Type of treatment	
Multiple sclerosis				
Date of diagnosis	Do you have limitations on activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complications from multiple sclerosis?	Type of treatment	
Seizure disorder				
Date of diagnosis	Did you require hospitalization for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of seizures/date of last seizure	Type of treatment	
Sleep apnea				
Date of diagnosis	Did you require surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is CPAP required? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	Did you have follow-up sleep studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ulcerative colitis				
Date of diagnosis	Did you require surgical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of colonoscopies	Did you require steroids or immunosuppressants? <input type="checkbox"/> Yes <input type="checkbox"/> 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

©2020 Lincoln National Corporation

[LincolnFinancial.com](http://LincolnFinancial.com)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-3101558-052620

POD 6/20 Z01

Order code: UW-PREP-FLI001



**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)?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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