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:** 800-423-2765

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

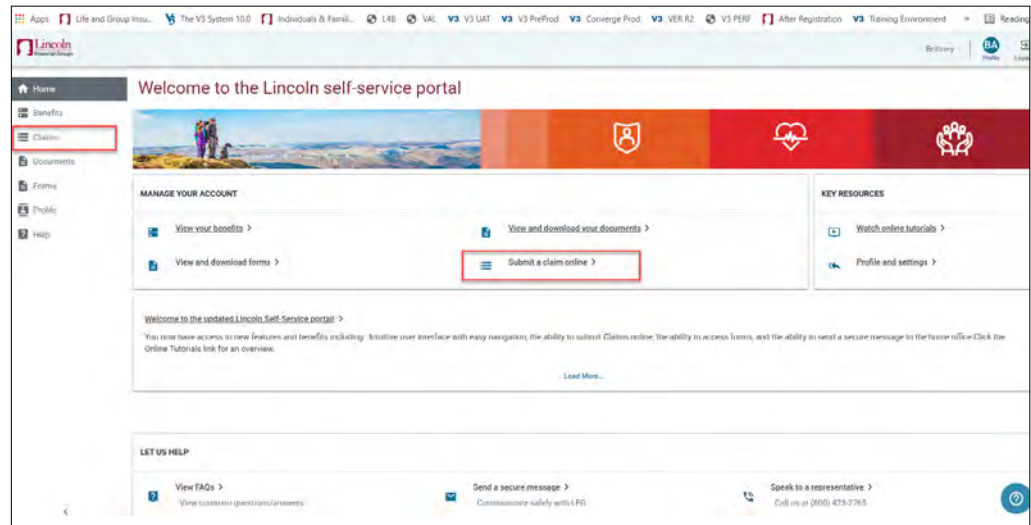|			

Accident claim	• Employer
	• Group policy number
	• Employee's information:
	  – 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:
		  – 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

Critical illness claim	• Employer
	• Group policy number
	• Employee's information:
	  – Name and birthdate
	  – Address, phone number, and email
	  – Social Security number 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
		• Patient's information and relationship to employee
		• Confinement or admission details:
		  – Date
		  – 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

Health assessment benefit claim	• 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, either check or direct deposit
		• Tests performed
			• Physician information:
			  – Name
			  – Specialty
			  – Phone number
			  – Fax number
			  – Address

Claims process

A claims examiner will review your claim within three to five business days of receipt and 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, benefits will be paid as outlined in your company's policy.

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.

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.
4. Validate your identity, and create username and password. Click **Log in Now.**
5. Enter your username and password, and create your security question.

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

*State variations may apply.