

Long Term Disability Claim Form Statement Of Employee

Lincoln Life & Annuity Company of New York
 PO Box 2609, Omaha, NE 68103-2609
 Toll Free: (800) 423-2765 Fax: (877) 843-3950
 LincolnFinancial.com
 disabilityclaims@lfg.com

1. Your Information

<input data-bbox="52 314 437 371" type="text"/>	<input data-bbox="453 314 551 371" type="text"/>	<input data-bbox="567 314 951 371" type="text"/>	<input data-bbox="1008 314 1286 371" type="text"/>	<input data-bbox="1302 314 1566 371" type="text"/>
Full Name (First)	(M.I.)	(Last Name)	Social Security Number	Date of Birth
<input data-bbox="52 413 951 470" type="text"/>			<input data-bbox="1008 413 1566 470" type="text"/>	
Street Address			<input data-bbox="1008 428 1286 470" type="text"/>	
<input data-bbox="52 513 437 570" type="text"/>	<input data-bbox="453 513 551 570" type="text"/>	<input data-bbox="567 513 951 570" type="text"/>	Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code	<input data-bbox="1008 513 1566 570" type="text"/>	

2. Your Employer

<input data-bbox="52 663 682 720" type="text"/>		<input data-bbox="567 663 951 720" type="text"/>	
Employer Name		Description of Sickness, Injury or Pregnancy	
<input data-bbox="52 762 551 819" type="text"/>	Group ID	<input data-bbox="567 762 951 819" type="text"/>	Job Title
<input data-bbox="52 840 551 897" type="text"/>	Policy Number	<input data-bbox="567 840 951 897" type="text"/>	Billing Location

4. Other Income Being Received

	Amount \$	Date Began	Date Will Terminate	Date Applied For
Social Security	_____	____/____/____	____/____/____	____/____/____
Workers' Comp	_____	____/____/____	____/____/____	____/____/____
Salary Continuance	_____	____/____/____	____/____/____	____/____/____
State Disability	_____	____/____/____	____/____/____	____/____/____
Other Disability	_____	____/____/____	____/____/____	____/____/____
Sick Pay	_____	____/____/____	____/____/____	____/____/____

If approved, should Lincoln National Life Insurance Co. withhold Federal Income Taxes from your benefits?

Yes No If yes, indicate how much? _____

(Minimum: \$20 per week Short-Term Disability) (Minimum: \$88 per Month Long-Term Disability)

6. Account for Direct Deposit Checking Saving

<input data-bbox="52 1556 951 1613" type="text"/>	<input data-bbox="1351 1374 1566 1431" type="text"/>
Bank Name	City
<input data-bbox="52 1634 951 1691" type="text"/>	State
Routing Number	Zip Code
<input data-bbox="52 1712 951 1769" type="text"/>	
Account Number	

3. Reason for inability to work

<input data-bbox="1003 663 1566 804" type="text"/>	<input data-bbox="1003 825 1566 882" type="text"/>
Injury work related?	
<input data-bbox="1003 882 1286 922" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Last Worked	

5. Who is your treating health care provider?

This is your primary health care professional. Please have them complete the Attending Physician's Statement. If you have additional health care providers, please also complete the Treating Medical Professional form.

<input data-bbox="1003 1091 1566 1148" type="text"/>	<input data-bbox="1003 1170 1566 1227" type="text"/>
Physician's Full Name	Phone Number
<input data-bbox="1003 1227 1566 1284" type="text"/>	Fax Number
<input data-bbox="1003 1284 1566 1341" type="text"/>	
Street Address	

<input data-bbox="1003 1364 1566 1421" type="text"/>	<input data-bbox="1351 1374 1566 1431" type="text"/>
City	State
Zip Code	

New York. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The above statements are true and complete to the best of my knowledge and belief. I have read and understand Fraud Warning Statements. I have completed and attached the Authorization for Release of Information.

<input data-bbox="1003 1721 1566 1778" type="text"/>	<input data-bbox="1421 1721 1566 1778" type="text"/>
Signature	Date
<input data-bbox="1003 1799 1566 1856" type="text"/>	
Print Name	

(Please see FRAUD NOTICES attached)

Illness or Injury Supplemental Questionnaire

Instructions: Please answer the questions to the best of your ability and sign and date below.

1. Is someone else responsible for your illness/injury? Yes No
2. Are you making a claim against anyone or any insurance company other than Lincoln Financial Group? Yes No

If you answered yes to either question above, please answer the following questions:

3. Please describe in detail the cause of your illness or injury: _____

4. Please provide the location and address where the illness or injury occurred: _____

5. Please provide the Responsible Party's information:
 1. Name: _____
 2. Address: _____
 3. Telephone Number: _____
 4. Insurance Company's Name: _____
 5. Claim Number: _____
6. If you have hired an attorney to investigate or prosecute a claim related to your illness or injury, please provide your attorney's information:
 1. Name: _____
 2. Address: _____
 3. Telephone Number: _____
7. If you have any documents related to any investigation into how your illness or injury occurred, please attach them.

New York. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I have answered the above questions to the best of my ability. I understand that fraudulently answering any of these questions could result in the suspension or termination of my benefits. I further understand that I have an obligation to supplement any of the above responses should any of the above information change in the future.

Print Name: _____

Signature: _____ Date: _____ / _____ / _____

FRAUD NOTICES. For your protection, certain states require that the following notices appear on this form.

Alabama. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska. A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona. For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California. For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho. Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana. A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland. Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota. A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire. Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon. Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

Pennsylvania. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico. Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia, and Washington. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR ALL OTHER STATES EXCLUDING CONNECTICUT AND KANSAS. A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.