

Employer:

Please note, the employee must apply for LTD Conversion within 31 days from the date of loss of coverage. You must notify the employee of their Conversion rights immediately following loss of coverage. If the application is received after 31 days, LTD Conversion coverage may be denied. **Do not wait until termination of the group LTD insurance coverage.**

- Complete Employer section below. Sign and date the form to confirm member eligibility information.
- Provide the completed form and this checklist to the employee immediately following loss of coverage.
- The Lincoln National Life Insurance Company will work directly with the employee / proposed insured regarding the LTD Conversion application process.

Employer (Firm Name and Division):			
Employer's Address (Street, City, State, Zip):		Group LTD Policy Number:	
Name of person eligible to convert:	Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Employee's occupation at time of termination:
Date employment terminated:	Reason for termination of applicant's group LTD coverage:	Has the individual retired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, as of what date?	Is the individual on a leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, as of what date?
Date group LTD insurance ceased:	Date applicant was last actively at work:	Employee's basic monthly earnings at time of termination:	Group LTD plan maximum benefit:
Are premiums paid to date for the individual under the group plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, date to which premium is paid:		Has the group plan terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, as of what date?	
Has the group plan been amended to exclude from coverage the class of employees to which the individual belonged to? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, as of what date?		The date notice of Conversion Privilege was given to the employee:	
Was the individual covered under your present Group Plan or under a combination of your present and prior Group Plan for at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No*			
If yes, the individual's effective date of coverage:		Individual's date of hire:	
*IF NO, THIS INDIVIDUAL IS NOT ELIGIBLE FOR LTD CONVERSION COVERAGE			
Employer Signature:		Date:	

Dear employee:

If you are no longer eligible for coverage under the group LTD insurance policy you may be eligible to continue coverage via LTD Conversion.

If you wish to convert your coverage, please call us at **1-877-321-1015**, to receive a quote. When you call, please have the following information ready:

- The Employer section completed by your employer
- Social Security Number(s)
- Names and addresses for all parties eligible to convert

Please refer to your Certificate of Coverage regarding any limitations and termination provisions for this coverage. **You must submit all forms and payment within the grace period for Conversion indicated in your Certificate of Coverage (generally 31 days).**