

Lincoln's Client Online Interview Guide

For Electronic Applications (eApp)

After Lincoln receives your request for life insurance from your financial professional, an email will be sent to you with next steps for your online application interview. With a little preparation, you can coast through your interview with ease by completing the preinterview worksheet. It will ensure you'll have the detailed personal information you'll need at your fingertips during your interview.

Preparing for and completing your interview is as easy as 1, 2, 3!

Step 1

Prepare for your interview

Use the eApplication Pre-Interview Worksheet (pages 2-4) to gather your personal and health information. Plan to complete your online interview at a time and place that offers you privacy.

Step 2

Start your interview

Use the secure link included in the email to begin your online interview. The online interview is mobile friendly and will take approximately 20 to 30 minutes to complete. You may complete your interview at any time within 10 days of receiving your link. Any information you enter will be saved so you may exit and come back to finish later.

The information you provide to Lincoln will remain confidential and secure. If you have questions during your interview, a "Help" feature is available for common questions, or you may chat online with a Lincoln representative (Monday to Friday, 8 a.m. to 9 p.m. ET).

Step 3

Finish the interview!

Once you complete the interview, you will be provided with instructions of what to expect next. If labs are required after your interview, you will be contacted to schedule the appointment.

Thank you for applying with Lincoln. Continue to the next page to start completing your preinterview worksheet.

eApplication Preinterview Worksheet

Important Numbers

Your Social Security number		Your driver's license number	
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Physical Stature

Height		Weight	
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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
Names of other doctors you've seen	Complete mailing address	Phone number	Date of last 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

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

Medications

Provide the following information about prescription medication(s) you are currently taking

Prescription name	Dosage and frequency	Who prescribed this medication?	Reason prescribed

If you are currently being treated or have been treated for any medical condition within the past 10 years, please have details ready including condition, treating physician, type of treatment received, medications, testing done, most recent test results, etc. Medical conditions include, but are not limited to:

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 hospitalization for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you require surgical treatment?	<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		Complications from diabetes?	
Type of treatment		Provide most recent A1C result	

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	

Depression/anxiety

Date of diagnosis		Did you require hospitalization for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of treatment and/or medication		Have you missed time from work or received disability due to this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Seizure disorder

Date of diagnosis		Did you require hospitalization for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of treatment		Frequency of seizures/date of last seizure	

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 If yes, how often? _____	Did you have follow-up sleep studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<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

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 could include 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total hours expected to fly in the next 12 months	
Total hours flown solo		Are you qualified under Instrument Flight Rules (IFR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Life insurance issued by The Lincoln National Life Insurance Company, Fort Wayne, IN and Lincoln Life & Annuity Company of New York, Syracuse, NY, and distributed by Lincoln Financial Distributors, Inc., a broker-dealer. Contractual obligations are backed by the claims-paying ability of the issuing insurance company. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so. Lincoln Financial Group is the marketing name of Lincoln National Corporation and its affiliates.