Lincoln TermAccel®

Get ready for your Tele-App phone interview

With Tele-App, providing the important information needed to complete your life insurance application is just a phone call away.

You can make your phone interview even smoother and simpler by completing the worksheet on the next few pages before your call. It ensures you'll have easy access to the detailed health and financial information you'll need during your interview.

Here's how the Tele-App process works

1. You will receive an email from Lincoln with a link to schedule your Tele-App interview. Choose a time that's convenient for you. If no appointment is scheduled within 24–48 hours, a skilled Lincoln professional will call you to schedule your phone interview. An appointment reminder is available upon request, via text message or email.
2. Because the interview questions concern your health history and financial situation, schedule the call for a time and place that give you the privacy you need. No need to worry! We will keep your personal information confidential and secure.
3. Complete the following worksheet to ensure interview accuracy. It's for your use only.
4. Our Lincoln associate will call you at your scheduled time. The interview will take 20 to 30 minutes and is conducted in English only; have your completed worksheet ready.
5. After your interview, a paramed service will contact you to schedule labs, if required.

Take charge with a fast, convenient phone interview process.
Complete the worksheet — it can save you time and promotes accuracy.

Not a deposit	Not FDIC-insured	May go down in value
Not insured by any federal government agency		
Not guaranteed by any bank or savings association		

Insurance products issued by:
The Lincoln National Life Insurance Company

Preinterview worksheet

Use a separate sheet of paper if there is not enough room in the space provided.

Your Social Security number	

Financial information

Your annual earned income	Your total household income	Your net worth (assets minus liabilities)

Beneficiary(ies)	Primary beneficiary (1)	Primary beneficiary (2)	Contingent beneficiary
Name			
Date of birth			
Address			
Phone number			
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
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Physical stature

Height	Weight

Social habits

Tobacco use (types, including e-cigarettes)	Alcohol use (number of drinks per week)

Hobbies/avocations (Include activities such as racing, scuba diving, skydiving, hang gliding, mountain climbing.)

Activity	Amateur or professional	Certifications/ club affiliations/ licenses	Location of activity	Maximum speeds, depths, heights attained	Frequency of activity

Aviation

Type of aircraft flown	Are you a student pilot?	License(s) held	Total hours flown solo	Total hours expected to fly in the next 12 months	Are you qualified under Instrument Flight Rules (IFR)?
	☐ Yes ☐ No				☐ Yes ☐ No

Medical history

List any medical conditions you have or have ever been diagnosed with.

Condition	Date of diagnosis	Symptoms	Type and date of treatment	Tests done and results	Date of last doctor visit
1					
2					
3					

Doctor visits

Provide the following information about any doctors you've seen in the last 10 years for a medical condition or follow-up.

Doctor's name		Specialty
Complete mailing address		Phone number
Date of visit	Reason for last visit	Testing or treatment received

Doctor's name		Specialty
Complete mailing address		Phone number
Date of visit	Reason for last visit	Testing or treatment received

Hospital and medical facilities

Provide the following information about your hospital or medical facility admissions.

Hospital/medical facility name and complete mailing address	Name of doctor consulted	Admission date(s)	Reason for admission(s)	Treatment date(s)

Family medical history

Have any of your parents or siblings died due to coronary disease, heart attack or stroke before age 65?	☐ Yes ☐ No	If so, what was the age of death?

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

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

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Thanks again for choosing Lincoln.

If you have any questions regarding the Tele-App process, call us toll free at 844-815-7582.

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LCN-2213548-081618
POD 9/18 **Z08**
Order code: TO-PHI-FLI001

Important information:

Lincoln TermAccel® Level Term is issued on policy form TRM5065/ICC14TRM5065 with endorsement END7013, data pages TA5165, and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., a broker-dealer. **The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so.**

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