Lincoln Financial Group®

VOLUNTARY NEW CASE SUBMISSION CHECKLIST

For: _____
(Group Name)

The following information is required to process new Voluntary (100% Employee paid) Cases:

☐ Completed Participation Agreement for Voluntary Coverages

☐ Enrollment Forms*

☐ Evidence of Insurability Forms (if applicable)**

☐ Copy of sold quote

For new VOLUNTARY LONG-TERM & SHORT-TERM DISABILITY, the following information is also required:

☐ Copy of prior plan (if applicable)

For new VOLUNTARY DENTAL and LIFE (if taking over current amounts) cases, the following information is also required:

☐ Copy of prior bill (if applicable)

* Please contact your Regional Office if you are unsure about what information must be included on enrollment forms.

** Please contact your Regional Office if you are unsure about whether Evidence of Insurability forms will be needed.

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