



### Step 3 - Guidance

Enter the facility name, home care agency name or the first and last name of the independent care provider.

## Step 3 - Care Provider Information

Facility / Home Health Agency Information:

Facility:

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number: - -

Fax Number: - -

### Step 4 - Guidance

Enter all contact information for the Insured's Health Care Practitioner recommending Long-term care services.

If additional space is needed, attach additional page(s).

## Step 4 - Health Care Practitioner Information

First Name:

Last Name:

Medical Specialty:

Mailing Address:

City:

State:

Zip Code:

Phone Number: - -

Fax Number: - -

Indicate any other medical providers, their specialty, and phone number:

### Step 5 - Guidance

Information about the Insured's claim is protected and can only be provided to the Policyowner or the Insured named on the policy unless an Authorized Claim Contact is designated.

If you mark the Yes box, be sure to fill out and attach a copy of the Authorization for Disclosure of Information form.

## Step 5 - Designate an Authorized Claim Contact

**Yes: Please complete the Authorization for Disclosure of Information Form**  
(enclosed in your claim packet)

By designating an individual and signing this form, the Policyowner authorizes Lincoln Financial to release information regarding this claim to the individual named on the Authorization for Disclosure Form.

**No: Go to Step 6**

Information about this claim can only be released to the Policyowner or the Insured if there is no authorized claim contact designated on this form.

### Step 6 - Guidance

The Policyowner's legal representative is someone who has the legal right to make financial decisions and file a claim on behalf of the Policyowner.

**Attach a copy of the document appointing the legal representative.**

**If the Financial Power of Attorney is more than three years old, submit the Power of Attorney Affidavit with this form.**

### Step 6 - Legal Representative Information

Does the Policyowner currently have a Financial Power of Attorney, Legal Guardian, or other legal representative?

**Yes: Complete Step 6**

**No: Make sure Step 5 is completed**

Type of Representative:

Power of Attorney

Conservator

Legal Guardian

Other:

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number: - -

Mobile Number: - -

Email Address:

### Step 7 - Guidance

Read all pertinent fraud warnings on pages 3 and 4.

Sign this form to affirm that you have read the fraud warnings and that information provided on this Long-term Care Claim for Benefits form is complete and accurate. Signature is required for all states.

### Step 7 - Certify and Sign This Claim Request for Benefits

Please review your policy and/or riders to determine whether filing this claim will have any tax implications or impact on any other benefits to which you may be entitled.

#### Fraud Warning for New York Residents:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTE:** There are Fraud Warnings above and in the following Fraud Warning section.

**By signing below, I acknowledge that I have read all FRAUD WARNINGS pertaining to my state.**

**(Signature is required for all states.)**

\_\_\_\_\_  
Signature of Policyowner or Policyowner's Legal Representative

Date: / /

Print Name of Policyowner or Policyowner's Legal Representative

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## Fraud Warnings

**Warning** – Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files a statement of claim containing any false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material to the claim, commits a fraudulent insurance act, which may be a crime, and in certain states a felony. Penalties may include imprisonment, fines, denial of insurance and civil damages.

### These states require the following fraud warnings:

**California** (For your protection, California law requires this to appear.) – Any person who knowingly presents 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.

**District of Columbia: WARNING:** 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.

**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.

**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, defrauds or deceives 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 N.H. Rev. Stat. Ann. Subsection 638:20.

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

**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 with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, 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.