Lincoln Financial Group®

NEW CASE SUBMISSION CHECKLIST

For: _____
(Group Name)

The following information is required to process new Employer-paid or Contributory cases:

☐ Completed Application for Group Insurance

☐ Binder Check (estimated premium for 1st month)

☐ Census* (if non-contributory)
OR
☐ Enrollment Forms*

☐ Copy of sold quote

For new LONG-TERM DISABILITY cases, the following information is also required:

☐ Copy of prior plan (if applicable)

For new DENTAL cases, the following information is also required:

☐ Copy of prior bill (if applicable)

* Please contact your Regional Office if you are unsure about whether to use a census or enrollment forms or if you are unsure about what information to include on a census.

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