



**Lincoln Mutual**  
Life & Casualty Insurance Company

4510 13th Ave S • PO Box 1918  
Fargo, ND 58107-1918  
800-233-6050  
www.LML.com

## APPLICATION FOR GROUP DISABILITY INSURANCE

**NAME OF APPLICANT:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**P.O. BOX:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**NATURE OF BUSINESS:** \_\_\_\_\_

**SIC CODE:** \_\_\_\_\_

**SUBSIDIARY(IES):** (Name, City, State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF ORGANIZATION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Corporation                         | <input type="checkbox"/> Subchapter S Corporation |
| <input type="checkbox"/> Partnership                         | <input type="checkbox"/> Sole Proprietorship      |
| <input type="checkbox"/> Church Group/Religious Organization | <input type="checkbox"/> Government Entity        |

**To Complete the Plan of Benefits for:**

- Short Term Disability (STD)
- Long Term Disability (LTD)
- Employee Choice Long Term Disability

**Refer To Section:**

- A
- B
- C

When more than one coverage is sold, complete the applicable sections.

*THIS CONFIRMATION IS NOT A PART OF THE APPLICATION FOR GROUP INSURANCE.*

I certify that the attached benefit selections reflect the plan of benefits agreed to by this company and (client company).

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form Completed By: \_\_\_\_\_



**SECTION B  
LONG TERM DISABILITY**

1. **EFFECTIVE DATE OF PLAN:** \_\_\_\_\_

2. **ELIGIBILITY (INCLUDE MINIMUM NUMBER OF HOURS WORKED PER WEEK):**

\_\_\_\_\_

\_\_\_\_\_

3. a.  No. of employees eligible: \_\_\_\_\_ No. of employees enrolled: \_\_\_\_\_  
b.  Non-Contributory  
 Contributory \_\_\_\_\_% employer contribution  
\_\_\_\_\_% employee contribution

4. **PRE-DISABILITY EARNINGS WILL INCLUDE:**

Commissions  Bonuses  Overtime  BAE (Base Annual Earnings)  Other \_\_\_\_\_

5. **WAITING PERIOD:** Present employees: \_\_\_\_\_

New employees: \_\_\_\_\_

6. **AMOUNT OF INSURANCE:**

a. Benefit Percentage: \_\_\_\_\_ %  
b. All Sources (if applicable) \_\_\_\_\_ %  
b. Maximum Payment Amount: \$ \_\_\_\_\_  
c. Minimum Payment Amount: \$ \_\_\_\_\_

7. **OTHER INCOME AMOUNTS:**

Primary Integration  
 Primary & Family Integration

8. **ELIMINATION PERIOD:** \_\_\_\_\_ days

- or end of sick leave, whichever is greater:  Yes  No

- or the date STD payments and, whichever is greater (applies to STD/LTD coverage):  Yes  No

9. **MAXIMUM PAYMENT DURATION:**

SSNRA  RBD  \_\_\_\_\_year/RBD  65/5/70

**\*\*Where applicable, please define by Class\*\***

**SECTION B**  
**LONG TERM DISABILITY (continued)**

**10. BENEFIT LIMITATIONS:**

Mental Illness/Self Reported Symptoms Limit  12 months  
 24 months  
 Unlimited

(or)

Mental Illness Limit  12 months  
 24 months  
 Unlimited

**11. DEFINITION OF DISABILITY:**

- a.  Extended own occupation  
 \_\_\_\_\_month own occupation  
(12,24,36,60 months available)  
 24 month own occupation/ADL
- b.  with residual  
 without residual

**12. WORKING BENEFIT CALCULATION:**

- 12 months  
 24 months  
 Unlimited

**13. PRE-EXISTING CONDITION EXCLUSIONS:**

12/6/24     3/6/12     5 day     3/12     Other \_\_\_\_\_

**15. CONTINUITY OF COVERAGE:**

Yes                       No

Prior Carrier name \_\_\_\_\_

Termination date \_\_\_\_\_

**15. RATE GUARANTEE:** \_\_\_\_\_ months

**16. OPTIONS:**

- a.  Yes     No    6 Month Lump Sum Survivor Benefit
- b.  Yes     No    Escalation Benefit: (Varies from 1-3%) \_\_\_\_\_%  
 5 Adjustments  
 Maximum Payment Duration
- c.  Yes     No    Spousal Disability Benefit \$ \_\_\_\_\_ (options: \$1,000, \$1,500, \$2,000)
- d.  Yes     No    Employer Pension Plan Contribution (Varies from 1-15%) \_\_\_\_\_%
- e.  Yes     No    401(k) Contribution (Varies from 1-15%) \_\_\_\_\_%
- f.  Yes     No    Dependent Care Benefit
- g.  Yes     No    Employee Assistance Program (EAP) Benefit  
 Standard  
 Face-to-face
- h.  Yes     No    Business Overhead Expense (BOE) Coverage\*  
\*Need to fill out BOE Application  
\*Only available on separate small group LTD

**\*\*Where applicable, please define by Class\*\***