



The Lincoln National Life Insurance Company
 P.O. Box 2616, Omaha, NE 68103-2616
 Phone: 800-423-2765 Fax: 877-573-6177

Here is your Enrollment Form.

Group ID: **UOFTENN2**

Follow these steps to complete the form.

Print clearly in ink.

Step 1: Fill in or confirm your personal information.

Step 2: Fill in dependent information, if any.

Step 3: Select your benefits.

Step 4: Assign beneficiaries.

Step 5: Confirm enrollment.

Step 6: Sign, date & return the form.

1. Your Personal Information

Group/Employer/Participating Organization Name			County	Zip	State
The University of Tennessee					
Your First Name	Middle Name/MI	Last Name	Social Security No.	Employee ID No.	Date of Birth
			- -		/ /
Street Address (Include Apt. or Suite No.)			City	State	Zip
Home Phone	Cell Phone	Work Phone	Email Address		
() -	() -	() -			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single			

Employer Completes this Section.

Billing Division or Location: _____

Sort Group/Code: _____ Payroll Cycle: _____

Policy #(s): _____

Average Hours Worked Per Week: _____ Full-time Part-time Occupation: _____

Earnings: Hourly Weekly Monthly Yearly \$_____ Date of Employment: ____/____/____

Actively at Work? Yes No Date of Rehire: ____/____/____

2. Benefit Selection — Choose your benefits.

Mark the box or boxes for each type of group insurance you are applying for. All insurance amounts are subject to the limitations and exclusions stated in the policy and certificate.

Basic Group Insurance				
Employer Completes this section.		Type of Insurance	Amount of Insurance	Total Premium
Class	Effective Date			
	____/____/____	Long Term Disability (LTD)		\$_____

*By selecting "No," enrolling for insurance at a later date may require further medical information and/or a physical exam, which will be at your own expense.

--Actual deductions may vary slightly from above illustrations due to rounding--

4. Confirm Enrollment

ENROLL 18

This group insurance has been offered to me and after careful consideration of the benefits, I have decided to:

- ENROLL FOR INSURANCE for which I am or may become eligible** under the group policies issued by The Lincoln National Life Insurance Company, or its insurance partners. If contributions are required, I authorize my Employer to deduct premium from my pay.
- NOT ENROLL myself in the group insurance offered.** I understand if I enroll for insurance at a later date, and if a physical examination or further medical information is required, it will be at my own expense.
- NOT ENROLL my dependents in the group insurance offered.** I understand if I enroll my dependents for insurance at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

Fraud Warning/State Disclosure(s)

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

5. Sign and Return

I understand the group insurance requested will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners. A delayed effective date will apply if you are not Actively at Work/an Active Member. A delayed effective date may apply to your dependent, if he or she is confined in a hospital or health care facility or is in a period of limited activity on the date insurance would otherwise take effect.

I understand the information provided is for enrollment in group insurance as offered by my Employer and will not be used for underwriting purposes.

The information provided is complete, true, and accurate to the best of my knowledge.

Your Full Name (Print): _____

Your Signature: **X** _____ Date ____/____/____

Complete and return this form.

(Be sure to sign and date the form to start your insurance.)

Questions? Call 800-423-2765