



## Evidence of Insurability Cover Sheet

(Recommended for Self Administered Groups, Self Bill)

\_\_\_\_\_

\_\_\_\_\_ 6WDWH =LS

\_\_\_\_\_ %HVW 7LPH W\$0&3000

+RPH :RUN

;HODWLRQVKLS

\_\_\_\_\_

|

+RPH 0DLOÂ!ð À# 6%h` € DLO \$GGUHV

\_\_\_\_\_ 'DWH RI %LUWK \_\_\_\_\_

\_\_\_\_\_

+RPH G €QX2 qX~Q



5(48,5(')5\$8':\$51,1\*6

&2/25\$'2 ,W LV XQODZIXO WR NQRZLQJHOMHSURRYLPGLW OIDDGHQJLQDFRWS RU LO  
FRPSDQ\ IRU WKH SXUSRVH RI GHIUDXGLQJ RU DWWHPSWLQJ WR GHIU

# The Lincoln National Life Insurance Company

A Stock Company    Home Office Location: Fort Wayne, Indiana  
Group Insurance Service Office: P.O. Box 2616, Omaha, NE 68103-2616  
Phone: (800) 423-2765 Fax: (877) 573-6177

\$ 8 7 + 2 5 , = \$ 7 , 2 1

