

SERFF Tracking Number: JEPL-127804918 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 50287  
Company Tracking Number: LFF10386  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: LFF10386- Reinstatement Application For Life Insurance  
Project Name/Number: Worksite UL - Reinstatement App/LFF10386

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: LFF10386- Reinstatement SERFF Tr Num: JEPL-127804918 State: Arkansas

Application For Life Insurance

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 50287

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: LFF10386

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Ray Fortier, Beth

Disposition Date: 11/21/2011

Scekeres, Randi Johnson

Date Submitted: 11/17/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Worksite UL - Reinstatement App

Status of Filing in Domicile: Pending

Project Number: LFF10386

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/21/2011

State Status Changed: 11/21/2011

Deemer Date:

Created By: Randi Johnson

Submitted By: Beth Scekeres

Corresponding Filing Tracking Number:

Filing Description:

The Lincoln National Life Insurance Company

Group & NAIC# 020-65676

Re: Individual Life Application Form

LFF10386 Reinstatement Application for Life Insurance

The attached application is a new form and is not intended to replace any previously approved forms.

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Form LFF10386 Reinstatement Application for Life Insurance will be used to apply for reinstatement of a lapsed policy, or to apply for a change to a currently active policy. This application will be used with previously approved policy form ULPD 5048, which was approved on 9/26/2011 under SERFF tracking number JEPL-127333081.

It will become part of the life insurance policy. Upon approval, this reinstatement application may be used with any individual life insurance policy which may be approved in the future.

We reserve the right to make this application available electronically subject to compliance with the Uniform Electronic Transactions Act, and to the extent applicable, the federal ENSIGN Act.

We have bracketed several items within the form as variable information to allow for flexibility in the content of the form. These items include: company name, the Service Office addresses and form page number references. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. We confirm that the brackets will not actually appear on the form at issue.

The form appears in final printed format as issued from a laser printer. We do, however, use different computer publishing systems. It is therefore possible that actual issued forms may have a different font style than the submitted forms. As a result, page breaks may occur at different lines, line wording may not match up exactly, and the format may change.

The Reinstatement Application for Life Insurance achieved the following Flesch score of 64.00. This filing has been submitted concurrently to our Home State of Indiana and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. To the best of our knowledge and belief, this form complies with all the applicable laws and regulations of your state.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

Sincerely,

Beth A. Scekeres, Contract Analyst  
Phone: (860) 466-1962 Fax: (860) 466-1348  
bascekeres@LNC.com  
Enclosures

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## Company and Contact

### Filing Contact Information

Beth Scekeres, Compliance Analyst Beth.Scekeres@lfg.com  
 350 Church Street 860-466-1962 [Phone]  
 MPM1 860-466-1348 [FAX]  
 Hartford, CT 06103-1106

### Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana  
 350 Church Street Group Code: 20 Company Type: Life Insurance  
 Hartford, CT 06103 Group Name: State ID Number:  
 (800) 258-3648 ext. [Phone] FEIN Number: 35-0472300

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	11/17/2011	53835612

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/21/2011	11/21/2011

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## Disposition

Disposition Date: 11/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: LFF10386**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LFF10386	Application/ Reinstatement Enrollment Application for Life Form Insurance	Initial		64.000	LFF10386 - final.pdf



**[The Lincoln National Life Insurance Company]**  
 (hereinafter referred to as "the Company")  
 Customer Service Office: [PO Box 21008  
 Greensboro, NC 27420-1008  
 Phone: (855) 393-2847 Fax: (336) 335-2054]  
 E-mail: LifePolicyHolderService@LFG.com

**REINSTATEMENT APPLICATION FOR LIFE INSURANCE**

<b>SECTION 1</b>			
Policy Number		Group ID	
Original Insured (First Name/Middle Initial/Last Name)		Social Security Number	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address/City/State/ZIP		Original Insured E-Mail Address	
Home Phone (include area code)	Work Phone (include area code)	Are you a US Citizen or legally working in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SECTION 2 - HEALTH SUMMARY - ORIGINAL INSURED</b>		
1. <b>In the past 12 months</b> , have you, the Original Insured, smoked a cigarette, cigar or pipe, chewed tobacco or used tobacco or nicotine in any form?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>In the past 12 months</b> , have you, the Original Insured, due to illness or disease (excluding colds, flu, allergies, back problems, or pregnancy) been:		
a) Hospitalized more than five consecutive days, or if employed, missed more than ten consecutive days from work?	<input type="checkbox"/>	<input type="checkbox"/>
b) Disabled, had a recurrent disability or are you disabled now?	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Within the past 7 years</b> , have you, the Original Insured, had, or been told by a physician that you had, or been treated for a condition listed below?		
a) Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide the Height and Weight for the Original Insured. Height: _____ Ft. _____ In. Weight: _____ lbs.		
5. <b>Within the past 7 years</b> , have you, the Original Insured, been diagnosed by a physician with or treated by a physician for:	<b>Yes</b>	<b>No</b>
a) Stroke, heart disease, heart surgery or attack, blood pressure controlled by more than two prescribed medications, diabetes (treated with insulin), hepatitis (other than Type A), cirrhosis of the liver, cancer or malignancy (excluding basal cell skin cancer), systemic lupus or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>
b) Chronic lung disease (excluding asthma), alcohol or drug abuse, kidney failure, Crohn's disease or ulcerative colitis or transient ischemic attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION 3 - OWNER INFORMATION</b>			
Owner (First Name/Middle Initial/Last Name)		Social Security Number	Date of Birth
Street Address/City/State/ZIP		Owner E-Mail Address	
Home Phone (include area code)	Work Phone (include area code)	Are you a US Citizen or legally working in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 4 - SERVICE OFFICE ENDORSEMENTS** (For Company Use Only. We will attach additional documentation as needed.)

**AGREEMENT AND ACKNOWLEDGEMENT**

I, the Owner, certify that the tax identification or social security number as provided by me is correct. I also certify that I am not subject to backup withholding.

Each of the Undersigned declares that:

1. Any reinstated coverage will not be in effect unless and until (a) all premiums and charges have been paid to and accepted by the Company and (b) statements on this form and on any other application submitted as a part of this request are correct at the time of such payments and approval.
2. No agent or broker has the authority to make or modify any Company contract or to waive any of the Company’s requirements.
3. We strongly encourage you to review the completed application closely for accuracy. During the contestability period after reinstatement described in the policy, a claim may be denied if this reinstatement application contains false statements or misrepresentations or fails to disclose material facts. In such a case, the policy could be void and coverage could be lost.
4. I am the Owner of all coverage issued under this application. I HAVE READ, or have read to me, the completed application before signing below. All statements and answers recorded in this application are full, complete and true. I will notify the Company immediately if any information in the application is incorrect. Caution: If the answers in this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it.
5. Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under “Service Office Endorsements.” Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Owner.
6. I/We acknowledge receipt of the Privacy Notice.
7. This application shall amend and be a part of the original application and the policy. Upon reinstatement, the period of contestability with respect to statements made in this application shall begin anew as of the date coverage is made to be in effect by the Company.

**STATE DISCLOSURE**

**NOTE: A PERSON MAY BE COMMITTING INSURANCE FRAUD IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.**

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ (state) (month) (year)

\_\_\_\_\_  
**Signature of Original Insured**

\_\_\_\_\_  
**Signature of Owner**  
(if other than Original Insured)

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR_LNL_Readability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> The application is attached under the Form Schedule tab for review and approval.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

Arkansas

READABILITY CERTIFICATION

*The Lincoln National Life Insurance Company*

*Re: LFF10386 – Reinstatement Application for Life Insurance*

We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

**Form Number:**

**Flesch:**

*LFF10386 Reinstatement Application for Life Insurance*

*64.00*



Raymond P. Fortier, AVP  
Product Compliance and State Filings

Date: 11/17/2011