



Lincoln Voluntary Insurance Coverages

Employee Information

Name:	SSN:	DOB:	Gender:
Email:		Phone:	
Address:		ZIP:	
City:	State:	Date of Hire:	Hrs Worked:

To enroll in Lincoln Voluntary Insurance(s), you need to complete the application below. Refer to policy information to calculate your individual employee-paid rates and review coverage details.

Short-Term Disability

Provides a cash benefit when you are out of work for up to 12 weeks due to injury, illness, surgery, or recovery from childbirth.

ENROLL

DECLINE

Long-Term Disability

Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery.

ENROLL

DECLINE

Accident Insurance

Provides cash benefits if you or a covered family member in the event of accidental injuries, such as fractures, burns, or dislocations.

ENROLL EMPLOYEE (\$3.61 Bi-weekly)

ENROLL EMPLOYEE + SPOUSE
(\$5.92 Bi-weekly)

ENROLL EMPLOYEE + CHILDREN
(\$6.33 Bi-weekly)

ENROLL EMPLOYEE + SPOUSE + CHILDREN
(\$8.61 Bi-weekly)

DECLINE ALL

Critical Illness Insurance

Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event.

EMPLOYEE \$10,000

EMPLOYEE \$15,000

EMPLOYEE \$30,000

SPOUSE \$5,000

SPOUSE \$7,500

SPOUSE \$15,000

CHILD(REN): \$5,000

CHILD(REN): \$7,500

CHILD(REN): \$15,000

DECLINE ALL

Note: Spouse and/or Children coverage can be up to 50% of the employee coverage amount

Dependent Information

Full Name	Relationship	DOB	SSN

By signing this document, I confirm my selections on this form. If electing coverage, I authorize payroll deductions for my contributions, as needed, and acknowledge that deduction amounts may change with coverage or cost adjustments.

Employee Signature		Date:
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