



## Instructions: Evidence of Insurability Form

1. Please complete a form for each applicant. No coverage will be effective until approved in writing by Lincoln.
2. Complete all blanks in ink and print clearly. Incomplete forms will cause coverage to be delayed.
3. Complete field "Amount Applied For" if enrolling in additional life insurance (leave blank for disability).
4. Group Policy Number: write the word "Concentra" in this space.
5. Lincoln must receive completed forms no later than January 15, 2011.  
Forms may be forwarded to Lincoln two way:  
Fax: (877) 573-6177 (*please keep fax confirmation*)  
Mail: P.O. Box 2616, Omaha, NE 68103-2616