EMPLOYEE APPLICATION FOR CONVERSION OF GROUP LONG TERM DISABILITY INSURANCE

| 1. | Name | | | | | | | | |
|----------------|---|---|--|------------------------------|--|---|--|--|--|
| | | (Last) | | (Full | First) | (Middle) | | | |
| 2. | | Male | | | • | | | | |
| 4. | Birthdate: | MonthDa | yYear | | Home Phone No. (|) | | | |
| 5. | Home Addr | ress (Street & No. |) | | | | | | |
| | City | | | State | | Zip Code | | | |
| 6. | Issued to | | | | contained in Group Police National Life Insurance | Company. | | | |
| 7. | Occupation | Occupation | | | | | | | |
| 8. | | requesting conver | | | | | | | |
| | You to | You terminated employment on | | | | | | | |
| | Other (explain): | | | | | | | | |
| 9. | Your basic (NOTE: Shextra pay.) | Your basic monthly earnings in effect just prior to your termination date: \$ | | | | | | | |
| 10. | Are you covered or eligible for any other Group Long Term Disability insurance, other than The Lincoln National Life Insurance Company plan shown in part 6 above? Yes No (NOTE: Your application will be declined if you become eligible for other group LTD coverage within 31 days after The Lincoln National Life Insurance Company coverage ends.) | | | | | | | | |
| 11. | Are you no | Are you now disabled from a sickness or injury?YesNo Are you retired?YesNo | | | | | | | |
| 12. | This Conversion Policy provides 60% of your last basic monthly earnings not to exceed a maximum monthly benefit of \$3,000, less other Income Benefits. However, this benefit percentage and maximum monthly benefit may not exceed the similar benefit percentage and maximum monthly benefit which were applicable to you on your termination date under former plan, less Other Income Benefits. | | | | | | | | |
| 13. | Premium Mode: Quarterly If you apply for insurance in the middle of a quarter your premium will be prorated. | | | | | | | | |
| Insur | rance Compa | any in considering | re true to the best of this application. Furt ear on this application. | ther, my sign | dge and belief, and ma nature below acknowledg | y be relied upon by the ges that I have received a | | | |
| Signa | ature of App! | licant | | | Date | | | | |
| | | | | | | | | | |
| Posit | tion and Title |) | | | | | | | |
| Pleas Insur | se forward th rance Compa | ne original of this ny, Group Insuran | Application and your face Service Office, P.C. | first quarterl O. Box 2616. | y premium payment to T , Omaha Nebraska 68103 | The Lincoln National Life 3-2616. | | | |
| you | receive appre | | | | | R QUESTIONNAIRE and urance from The Lincoln | | | |
| | | LRA _ | | | License # | | | | |
| GL3 | 001-C-App. | | | | | Rev. 04/07 (over) | | | |
| For | Group Insur | rance Service Offic | ce Use Only: | | | | | | |

GROUP EMPLOYER QUESTIONNAIRE FOR LONG TERM DISABILITY CONVERSION

To be completed by the Employer and forwarded to The Lincoln National Life Insurance Company, Group Insurance Service Office, P.O. Box 2616, Omaha, NE 68103-2616, with the terminating employee's Application for Conversion.

The Conversion Privilege is only available to those insured employees who have been covered under their employer's long term disability plan for at least 12 consecutive months. The insured employee must terminate for one of the following reasons:

- 1. Employee resigned; or
- 2. Employee is terminated for cause; or
- 3. Employee is laid off beyond the limits provided in this employer's LTD plan; or
- 4. Employee elects to go on an uninsured leave of absence.

Please furnish the following data regarding the terminated Employee who is applying for Group Long Term Disability Conversion Coverage.

| 1. | Employee Name: | | | | | | | |
|------|---|---------------------------------|------|----|--|--|--|--|
| 2. | Group LTD Policy No.: | roup LTD Policy No.: Group ID#: | | | | | | |
| 3. | Employee's Date of hire: | | | | | | | |
| 4. | Employee's effective date of insurance under your group LTD policy: | | | | | | | |
| 5. | Date Employment terminated: (The employee's date of termination should correspond with the date his or her insurance terminates.) | | | | | | | |
| 6. | Employee's occupation on the date of termination: | | | | | | | |
| 7. | Employee's last basic monthly earnings before termination: | | | | | | | |
| 8. | Date notice of Conversion Privilege was given to the employee: | | | | | | | |
| 9. | Was the employee covered under your present LTD policy (or policies) for at least 12 consecutive months? Yes No | | | | | | | |
| 10. | Did the employee leave employment as a result of retirement? | Y | es | No | | | | |
| 11. | Is the employee now disabled from a sickness or injury? | Yes | No | | | | | |
| 12. | Is there a disability claim for this employee pending for disability benefits under your LTD policy? | | | | | | | |
| | Yes No | | | | | | | |
| To t | he best of my knowledge the above information given is correct a | and complete. | | | | | | |
| Nam | ne of Employer as it appears on the Group Policy | | | | | | | |
| Emp | loyer's Name and Address (if a subsidiary or an affiliated Comp | any) | | | | | | |
| Prep | arer's Signature and Title | | Date | | | | | |

GL3001-C-EQ Rev. 04/07