

BUS MEMBER INSTRUCTIONS FOR FILING A LINCOLN CLAIM
(Group Policy Number GL000010120236)

Note: This is a generic claim form used by the Lincoln Financial Group. Though you are not an Employee of the UTU and the UTU is not your Employer, you should provide consider yourself the "Employee" for purposes of completing the claim form. You should consider your Local Chairman (or Local Treasurer if the Local Chairman is unavailable) the "Employer" for purposes of completing this claim form.

1. Get a copy of the Lincoln Claim Form.

Copies are available from several sources. You may download a copy from the UTU website. Get a copy from your local treasurer. Contact the UTU at 216-228-9400 and ask for extension 475. Contact Lincoln at 800-423-2765.

2. Complete Page 1 and Page 2 of the Claim Form.

Be sure to complete all requested information and sign and date both pages where indicated. Incomplete forms will be returned and will delay payment of your claim. Please double-check that all information is provided and that you print or write your information clearly.

Note: Below the signature line at the bottom of page 2 is an area for use by a legal representative of the claimant if the claimant is unable to complete the form. This section begins with "PRINT NAME" and asks for relationship, address and phone number. You only need to have this information completed if someone is filing the claim on your behalf.

3. Have your Local Chairman complete Page 3 of the Claim Form.

Once you have completed pages 1 and 2, have your Local Chairman complete page 3. The top of page 3 requests a copy of your Job Description and a copy of your enrollment statement. Have your Local Chairman attach your Job Description if it is available. You can ignore the request for a copy of the Enrollment Statement.

Items 1 and 2 are asking for the Employee's information, not the Local Chairman's.

Item 4 should be completed as "CLASS 1".

Item 11 should be shown as "100%" paid by the employee and check the "post-tax" box.

Item 14 beginning with Employer's Name and Address is requesting the Local Chairman's name and address. The requested telephone number, email address and fax number should also be that of the Local Chairman. The Group Policy Number is GL000010120236.

Your Local Chairman must sign, title and date the bottom of page 3. Be sure your Local Chairman completed all the information requested on page 3 before you move on to the next step. Incomplete information will delay payment of your claim.

4. Have your physician complete page 4 of the Claim Form.

5. Make a copy of the completed Claim Form for your records.

6. Mail the completed claim form to Lincoln National Life. The address is shown at the top right corner of the Claim Form. Contact Lincoln, using the 800 number provided on the Claim Form, if you have any questions on any aspect of your claim.