



## Questions Related to Your Income

How will you pay for this policy?

Income  Savings and/or Investments  Family Member  Other \_\_\_\_\_

What is your annual income?

Under \$10,000  \$10-\$20,000  \$20-\$30,000  \$30-\$50,000  Over \$50,000

How do you expect your income to change over the next 10 years?

No change  Increase  Decrease

*If you will be paying the premium with money received only from your own income, for annual premium policies a rule of thumb is that you may not be able to afford this policy if the premium is more than 7% of your income.*

Will you buy inflation protection?

Yes  No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

Income  Savings and/or Investments  Family Member  Other \_\_\_\_\_

*In 2003, the national average annual cost of care was \$57,700. In ten years, the national average annual cost will be approximately \$93,987 if costs increase 5% annually. (MetLife Market Survey of Nursing Home and Home Care Costs, 2003)*

What elimination period are you considering?

Number of days \_\_\_\_\_ Approximate cost \$ \_\_\_\_\_ for that period of care

The elimination period noted above must be satisfied prior to accelerating the Policy's death benefit to fund LTC related expenses. When the accelerated death benefit payments are exhausted, the monthly maximum benefit under the Extension of Benefits Rider, if selected, becomes immediately available.

How are you planning to pay for your care during the elimination period?

Income  Savings and/or Investments  Family Member  Other \_\_\_\_\_

## Questions Related to Your Savings and Investments

Not counting your home, automobiles and personal property, what is the approximate value of all of your assets (savings and investments)?

Under \$50,000  \$50-\$100,000  \$100-\$150,000  Over \$150,000

How do you expect your assets to change over the next 10 years?

No change  Increase  Decrease

*If you are buying this policy to protect your assets and your assets are less than \$50,000, you may wish to consider other options for financing your long-term care.*

**Disclosure Statement**

*In order for us to complete the processing of your application, please check one of the boxes below, sign, and return form to The Lincoln National Life Insurance Company along with the application. The company may contact you to verify your answers.*

- The answers to the questions above describe my financial situation.
- I choose not to complete this information.

I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the monthly rider charges, long-term care rider charge increase history and potential for long-term care rider charge increases in the future. I understand the above disclosures.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Agent's Statement**

I have explained to the Applicant the importance of completing this information.

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Date*

Agent's Printed Name:  
\_\_\_\_\_

If applicable, please check box and sign below.

- My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*