



**Lincoln Life & Annuity Company of New York**  
Service Office Address: PO Box 2616, Omaha, NE 68103-2616  
Home Office: Syracuse, NY  
toll free (800) 423-2765  
www.LFG.com

## **Voluntary Administration Guidelines**

Guidelines for each of the Voluntary products which Lincoln Life & Annuity Company of New York offers are included with this letter. We believe you will find the guidelines and the "Quick Hit" list to be informative and helpful in the administration of your employees' Voluntary coverage.

Refer to the Administration Guidelines included in this kit for the specific Voluntary coverage you have elected to offer.

If you have any questions regarding the administration of your group policy, please contact your Client Management representative at 1-800-423-2765.

### **Voluntary Administration Quick Hit List**

***Use the checklist below to complete the enrollment forms for Voluntary coverage:***

- Is the handwriting legible?
- Has the enrollment form been signed and dated? By the employee and the spouse, if applicable?
- Has the complete address (city, state and zip code) been included?
- Are complete telephone numbers included?
- Has the type of coverage been checked?
- Have all questions on the Health Statement for both the employee and spouse, if applicable, been answered?
  - Height
  - Weight
  - Yes or No to all health questions. If "Yes" to any health question, a detailed explanation is required.
- Have the division number and/or billing location been indicated?
- Are the following items completely filled out?
  - Salary
  - Date of Hire
  - Hours worked per week
- For Voluntary Life coverage:
  - Is the tobacco question answered?
  - Has a beneficiary been designated?
  - Are the unit amounts indicated?
- For Voluntary LTD coverage:
  - Are the unit amounts indicated?
  - Is the benefit elimination period and duration included?
- For Voluntary Dental coverage:
  - Have all eligible dependents to be covered been listed?
  - Has one of the coverage options been checked?

In accordance with the National Medical Support Notice, all employers and health plan administrators are required to make health care coverage (including dental coverage) available to children of non-custodial parents who are eligible and qualified for such coverage. If you receive a National Medical Support Notice, please notify us as soon as possible of any dental enrollment changes.

**VOLUNTARY LIFE INSURANCE ADMINISTRATION GUIDELINES**

**WHEN ARE EMPLOYEES ELIGIBLE?**

Employees are eligible for coverage after completing the waiting period. All new employees will be added to the bill effective the first of the month following completion of the waiting period or upon signing the enrollment form, whichever is later. There will be no mid-month premium calculation.

*Please note that employees contractually have 31 days from the effective date to enroll. If employees enroll during this 31-day eligibility period, the effective date will be the first of the month following the date of signature. We strongly suggest that employees complete and submit applications during the waiting period.*

**WHEN DO EMPLOYEES OR SPOUSES NEED TO COMPLETE THE MEDICAL QUESTIONS?**

- If the amount applied for is over the Guarantee Issue amount
  - If they are late enrollees (did not enroll initially and are now requesting coverage)
- (Note: Applicants will be responsible for any medical fees incurred if a late enrollee)
- If spouse coverage is over the Guarantee Issue amount
  - If spouse is applying for coverage after initially declining
  - If an employee wants to increase coverage for either self or the spouse
  - If an employee is age 60 or over

**HOW DO I CALCULATE AN EMPLOYEE'S AGE FOR PREMIUM PURPOSES?**

Use the employee's age on the eligibility date to calculate premium. If a person's age changes from one age band to another, premium will not increase until the employer's next policy anniversary date.

**DO I DEDUCT THE ENTIRE PREMIUM OR ONLY THE GUARANTEE ISSUE AMOUNT?**

Deduct premiums to cover the Guarantee Issue amount. Upon approval from the Home Office, begin deductions to the full amount of premium.

*Please note that for accurate administration, deductions should begin on the first of the month only.*

**WHEN WILL I RECEIVE MY BILL?**

Bills are generated on the 20th of the month. The initial bill takes approximately three weeks to process from the receipt of enrollment forms.

**WHERE DO I SEND MY PREMIUM PAYMENT?**

Detach the coupon from your monthly statement; attach your check and mail in the enclosed envelope.

**WHERE DO I SEND NEW ENROLLMENT FORMS?**

You may either **FAX** them to: (877) 573-6177  
 Or, **MAIL** them to: Lincoln Life & Annuity Company of New York  
 Service Office Address: P.O. Box 2616  
 Omaha, NE 68103-2616

**WHOM DO I CALL WITH QUESTIONS?**

Contact Client Management at (800) 423-2765.

**WHAT ARE THE DIFFERENT COMBINATIONS OF COVERAGE?**

Our standard contract include the following:

Employee Only	Employee and Child
Employee and Spouse	Employee, Spouse and Child

*However, some contracts may allow spouse only or spouse and child coverage. Please contact our Client Services Center at (800) 423-2765 for details.*

**WHAT IF THE EMPLOYEE NO LONGER WANTS THE COVERAGE?**

- If deductions are made post-tax, complete an Adjustment Report requesting that the coverage be dropped and fax to: (877) 573-6177.
- If deductions are made pre-tax, changes can only be made during the annual enrollment period each year.

**CAN EMPLOYEES ENROLL THROUGHOUT THE YEAR?**

- If deductions are made post-tax, yes. **However**, there is not a Guarantee Issue amount and the medical questions (Statement of Health) must be completed.
- If deductions are made pre-tax, current employees may only enroll during the annual enrollment. The Statement of Health would have to be completed.

**WHAT ARE THE CHARACTERISTICS OF PORTABILITY (CONTINUATION OF COVERAGE) AND EMPLOYEE CONVERSION?**

<b>Portability (Continuation of Coverage)</b>	<b>Conversion</b>
<ul style="list-style-type: none"> <li>• Term life insurance (no cash value)</li> </ul>	<ul style="list-style-type: none"> <li>• One year-term or non-term products which build a cash value (e.g., whole life insurance)</li> </ul>
<ul style="list-style-type: none"> <li>• Age-banded rates (increase with current age)</li> </ul>	<ul style="list-style-type: none"> <li>• Age-banded rates, fixed at age when conversion coverage is issued</li> </ul>
<ul style="list-style-type: none"> <li>• Employee can take the same coverage at the same group rate until normal retirement age</li> </ul>	<ul style="list-style-type: none"> <li>• Employee changes coverage to an individual policy, which may have a higher premium</li> </ul>
<ul style="list-style-type: none"> <li>• Must be covered for one year to port</li> </ul>	<ul style="list-style-type: none"> <li>• Can convert because of termination of employment or membership in an eligible class; reduction in the amount of coverage due to age, change in class or policy amendment; or termination of the policy</li> </ul>
<ul style="list-style-type: none"> <li>• Guaranteed full amount when employment terminates for reasons other than disability or retirement. Spouse and child coverage is also portable when employment terminates for reasons other than disability or retirement. See Certificate plan details</li> </ul>	<ul style="list-style-type: none"> <li>• When the life insurance terminates or is reduced, an individual policy can be issued without evidence of insurability within 31 days of coverage termination</li> </ul>

**WHEN DO I USE THE CHANGE REQUEST (GLA-01299\*) VS. THE ADJUSTMENT REPORT (GLA-01251\*)?**

<b>Change Request</b>	<b>Adjustment Report</b>
<ul style="list-style-type: none"> <li>• Name Change</li> </ul>	<ul style="list-style-type: none"> <li>• Termination of employees</li> </ul>
<ul style="list-style-type: none"> <li>• Beneficiary Change</li> </ul>	
<ul style="list-style-type: none"> <li>• Coverage Changes (increases, decreases, terminations, additions, deletions or changing dependant coverage)</li> </ul>	

*Please fax all reports (Change Request and Adjustment Reports) to (877) 573-6177.  
 All new enrollment forms should be faxed (front and back) to the same number.  
 Do not send changes with the bill - this will only delay the processing of the change!  
 Premium payments with coupons go directly to a lockbox for processing.  
 Fax your adjustments separately to the number above.*

**HOW WILL I KNOW WHO IS PENDING IN UNDERWRITING?**

You will receive a list with the initial bill indicating who is pending in Underwriting. Use this list to cross-reference as approvals/declines are received from Underwriting. You may call Client Management at (800) 423-2765 at any time to follow up on specific individuals.

### **WHAT IS TRAVEL ASSISTANCE?**

Your employee benefits package includes travel assistance as part of your group life insurance coverage. Travel assistance includes your immediate family members. When you travel 100 miles or more from home, services available to you include: lost luggage service; replacement assistance for lost or stolen travel documents; emergency funds transfer; emergency pet housing and return; medical, dental, vision, and pharmaceutical referrals; translation services; emergency medical evacuation and transportation; emergency security evacuation; and many more.

To utilize this service, please call our Travel Assistance provider, MEDEX Assistance Corporation, at 1-800-527-0218.

### **WHAT IS BENEFICIARY ASSISTANCE?**

Beneficiary assistance is provided through Besinger, DuPont and Associates as part of your group life insurance coverage. The program is designed to help beneficiaries deal with difficult issues after the death of a loved one. Services available to your beneficiaries include: grief and legal counseling with unlimited phone sessions and a combined total of six in-person sessions or equivalent working time; financial counseling; memorial planning assistance; support services; child and elder care referrals; and moving/relocation services. Services are available for one year.

To utilize this service, please call Besinger, DuPont and Associates at 1-800-580-0576.

\* This form is available on the Company's Web site, at [www.LFG.com](http://www.LFG.com). Choose Products & Performance/Group Insurance/Group Insurance Forms.

## **VOLUNTARY LONG-TERM DISABILITY ADMINISTRATION GUIDELINES**

### **WHEN ARE EMPLOYEES ELIGIBLE?**

Employees are eligible for coverage after completing the waiting period. All new employees will be added to the bill effective the first of the month following completion of the waiting period or upon signing the enrollment form, whichever is later. There will be no mid-month premium calculation.

*Please note that employees contractually have 31 days from the effective date to enroll. If employees enroll during this 31-day eligibility period, the effective date will be the first of the month following the date of signature. We strongly suggest that employees complete and submit applications during the waiting period.*

### **HOW DO I CALCULATE AN EMPLOYEE'S AGE FOR PREMIUM PURPOSES?**

Use the employee's age on the eligibility date to calculate premium. If a person's age changes from one age band to another, premium will not increase until the employer's next policy anniversary date.

### **WHEN WILL I RECEIVE MY BILL?**

Bills are generated on the 20th of the month. The initial bill takes approximately three weeks to process from the receipt of enrollment forms.

### **WHERE DO I SEND MY PREMIUM PAYMENT?**

Detach the coupon from your monthly statement, attach your check and mail in the envelope provided.

### **WHERE DO I SEND NEW ENROLLMENT FORMS?**

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Or, **MAIL** them to: Lincoln Life & Annuity Company of New York  
Service Office Address: P.O. Box 2616  
Omaha, NE 68103-2616

### **WHOM DO I CALL WITH QUESTIONS?**

Contact Client Management at (800) 423-2765.

### **WHEN DO EMPLOYEES HAVE TO ANSWER MEDICAL QUESTIONS TO GET COVERAGE?**

Employees who initially decline coverage and now choose the coverage must complete the medical questions provided.

*Please note that employees are still subject to pre-existing conditions in addition to the medical underwriting.*

### **WHAT IS THE OPEN ENROLLMENT?**

Open Enrollment is the time when coverage is initially offered. During the Open Enrollment period, employees may elect coverage on a guaranteed issue basis. When a new employee is hired, he/she may apply for coverage. Coverage is available on a guaranteed issue basis if enrollment occurs during the employee's enrollment period. Employees who elect to enroll after the enrollment period are subject to evidence of good health and must complete the Health Statement provided.

**WHEN CAN EMPLOYEES DROP THE COVERAGE?**

At any time, you may fax a "Group Insurance Change Request" (form GLA-01299\*) to 877-573-6177. The employee must sign and date the Change Request.

*Please note that if the employee wants to add coverage at a later date, he/she is subject to medical underwriting and a new pre-existing condition limitation period.*

**WHEN DO I USE THE CHANGE REQUEST FORM VS. THE ADJUSTMENT REPORT (form GLA-01251\*)?**

Change Request	Adjustment Report
<ul style="list-style-type: none"> <li>• Name Change</li> </ul>	<ul style="list-style-type: none"> <li>• Termination of employees</li> </ul>
<ul style="list-style-type: none"> <li>• Beneficiary Change</li> </ul>	
<ul style="list-style-type: none"> <li>• Coverage Changes (increases, decreases, terminations, additions, deletions or changing dependant coverage)</li> </ul>	

*Please fax all reports (Change Request and Adjustment Reports) to 877-573-6177.*

*All new enrollment forms should be faxed (front and back) to the same number.*

*Do not send changes with the bill — this will only delay the processing of the change!*

*Premium payments with coupons go directly to a lockbox for processing.*

*Fax your adjustments separately to the number above.*

**HOW DO I CALCULATE THE LTD PREMIUM?**

Example: Employee's monthly income is \$1,200  
Rate is .64% per \$100 of covered payroll  
1200 divided by 100 = 12  
12 x .64 = \$7.68 per month

**HOW DO I SUBMIT A CLAIM?**

All three portions of the LTD Claim form (form GLC-01252\*) must be completed before the claim can be processed. Complete the employer's portion for submission. Then the employee completes the employee portion of the Claim form and has the doctor's portion completed and forwarded to Lincoln Life & Annuity Company of New York for processing.

Long-Term Disability claims should be submitted as soon as the employee believes that the disability will last as long as the elimination period. It is preferable to receive a claim during the elimination period for tracking of the disability than have to obtain medical information retroactively after the elimination period has been satisfied.

*Advise the employee to submit as much medical information as possible.*

**CAN ADMINISTRATIVE CHANGES AND ADJUSTMENTS BE MADE ELECTRONICALLY?**

Yes. On-line Services allow administrators to perform many administrative functions via the Internet. Functionality includes the ability to:

- Submit Life, Life Waiver, and LTD claims on-line
- View Life, Life Waiver, LTD and Dental claims status on-line
- Enroll new members on-line
- Add or terminate members, then recalculate your bill to reflect the actual amount you owe, and pay your bill on-line and in real time
- Review bills and payment status on-line
- Change member information on-line
- Terminate members and coverages on-line
- View and print group forms, administration guidelines, contracts and certificates on-line

Best of all, all changes are made in real time, so changes are reflected automatically. To learn more, call our Client Management department at (800) 423-2765.

\* This form is available on the Company's Web site, at [www.LFG.com](http://www.LFG.com) (choose Products & Performance/Group Insurance/Group Insurance Forms).



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## **VOLUNTARY DENTAL ADMINISTRATION GUIDELINES**

### **WHEN ARE EMPLOYEES ELIGIBLE?**

Employees are eligible for coverage after completing the eligibility waiting period. All new employees will be added to the bill effective the first of the month following completion of the waiting period or upon signing the enrollment form, whichever is later. There will be no mid-month premium calculation.

### **WHEN WILL I RECEIVE MY BILL?**

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### **WHERE DO I SEND NEW ENROLLMENT FORMS?**

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Or, **MAIL** them to: Lincoln Life & Annuity Company of New York  
Service Office Address: P.O. Box 2616  
Omaha, NE 68103-2616

### **WHOM DO I CALL WITH QUESTIONS?**

Dental Claims and Eligibility: (800) 423-2765

### **IF I DON'T ENROLL FOR COVERAGE DURING THE INITIAL BENEFIT WAITING PERIOD, WHEN CAN I ENROLL FOR COVERAGE?**

If you did not enroll during the initial benefit waiting period, you may only enroll for coverage at the policy anniversary date.

### **DOES LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK REQUIRE PRE-AUTHORIZATION FOR DENTAL WORK?**

Pre-authorization is not required but is strongly advised for any claim expected to be over \$300 of covered services. Pre-authorization requests should be sent to the address listed above.

### **WHO WILL RECEIVE DENTAL ID CARDS?**

Every employee will receive a Dental Identification card and a Certificate of Coverage outlining the covered services, as well as the terms of coverage under the plan. If a replacement or duplicate copy is needed, contact a Client Management Representative at (800) 423-2765.

### **HOW DOES PRIOR INSURANCE CREDIT WORK?**

If you are currently covered under a Dental plan and have satisfied the waiting periods for Type II, III, and IV coverages, you will not have to satisfy another waiting period.

*Please note that this is only applicable if you had the applicable dental coverage prior to the Lincoln Life & Annuity Company of New York contract (or former Jefferson Pilot Financial contract)*

**WHAT IS THE ANNUAL ENROLLMENT PERIOD?**

The Annual Enrollment period is held once a year during the month before the Plan Anniversary. During this time, employees who chose not to enroll in the Dental plan the prior year may now enroll.

*Please note that the benefit waiting period(s) apply.*

**HOW DO I SUBMIT A CLAIM?**

Have the dentist submit the Dental Claim form to the following address:

Dental Claims Input Center  
P. O. Box 2640  
Omaha, NE 68103-2640

Claims can be faxed to: (877) 843-3945

Telephone Number: (800) 423-2765

If you assign payments, then Lincoln Life & Annuity Company of New York can pay your dentist directly. If you do not assign payments, then the payment will be made to you.

**DO I HAVE ACCESS TO DENTAL HEALTH INFORMATION?**

*Lincoln DentalConnect*<sup>SM</sup> is an online information tool that is automatically added to your group Dental plan. You are required to have Dental coverage to enter the Web site. Simply log on to [www.jpfig.com](http://www.jpfig.com) and select "My Benefits". Under the "Coverages" section click the *Lincoln DentalConnect* hyperlink and you will be connected to the site.

## **VOLUNTARY VISION CARE ADMINISTRATION GUIDELINES**

### **WHAT IS THE LINCOLN FINANCIAL GROUP VOLUNTARY VISION CARE PROGRAM?**

Voluntary Vision Care is offered through a special marketing arrangement with Coast to Coast Vision. This coverage provides a cost effective alternative for your employees to meet their vision care needs.

### **WHAT IS THE COST OF LINCOLN FINANCIAL GROUP VOLUNTARY VISION CARE PROGRAM?**

The current cost is \$2.00 per month. For this price all members within a family are covered.

### **CAN I PURCHASE VISION COVERAGE AS A STANDALONE?**

No, Voluntary Vision must be purchased with another coverage.

### **HOW CAN I GET A VOLUNTARY VISION CARD?**

The Voluntary Vision cards are sent out by Coast to Coast Vision. Lincoln Life & Annuity Company of New York runs a report every Tuesday and sends the file to Coast to Coast so that cards may be issued. Cards are then sent to the employer to give to the covered employee.

If an employee is missing a card, contact Coast to Coast at (800) 800 EYES (3937).

### **HOW DO I FILE A CLAIM?**

Since Voluntary Vision Care is not an insurance program, there are no claim forms to complete, no deductibles for waiting periods to satisfy, no limits on quantities to purchase and few restrictions.

For all questions regarding this service, please contact Coast to Coast Vision at (800) 800 EYES (3937).