



Online Evidence of Insurability for (Travel Nurse across America, LLC)

Thank you for choosing Lincoln Financial to meet your insurance needs. You have elected an amount of coverage exceeding the Guaranteed Issue amount so you will need to complete an Evidence of Insurability form. Some of the information you may need to complete this form is: Total amount of coverage elected, Personal information, Health questions, etc. You may also need this information for your spouse if spouse coverage requires Evidence of Insurability.

Note: If you get started and need to save the form and return later, click “save” and make a note of the 12-digit code. This code **will** be needed for you to return to the form and resume where you left off.

It’s easy to get started, simply follow the steps below.

1. Copy or click on the link: <https://www.steps2enroll.com/standaloneoi/surnu2>
2. Read the instructions on the Welcome page. If you have questions regarding your benefits, please call our Customer Care Center at 1-800-423-2765 or see your Plan Administrator. If you have questions or need assistance with this online Evidence of Insurability process, please contact our Steps2Enroll Help Desk Monday through Friday at 1-800-523-2178 between the hours of 7 am and 5 pm Central Standard Time or email steps2enroll@lfg.com. Click “**Begin**”
3. Fill in the box/boxes with the **TOTAL** requested coverage amount for the products which require an Evidence of Insurability form to be completed. (You may need to refer to your enrollment platform, paper enrollment form or your Plan Administrator for these amounts.) Then click on “**Continue**”
4. Complete the required information on the Personal Information page and the recaptcha(“I am not a robot”) section and then click “**Continue**”.
5. Complete the Health questions. Click “**Continue**”.
6. Review the information that was completed. If correct, click “**Continue**”. If updates need to be made, go back and update and then continue.
7. Read the statements and then sign and date the form. Click “**submit**”.
8. Please be sure to **print a copy for your records**. Then click “**Done**”.

Once your enrollment period is over, your form will be processed. Completion of this form does not guarantee approval of coverage.

If you have questions on your benefits or to inquire on the status of your request, please contact Customer Care at 1-800-423-2765.