

***Lincoln Care Coverage*® Accelerated Benefits Rider**

Frequently Asked Questions

Products and features subject to state availability. See State Availability Grid.

For additional rider details please see Specimen Contract.

- *VUL^{ONE}* (2014), *VUL^{ONE}* (2019) and *Lincoln LifeGuarantee*® UL (2013) [click here](#).
- *Lincoln WealthAccumulate*® IUL (2019) – 02/11/19 and *Lincoln WealthPreserve*® IUL (2017) – 02/11/19 [click here](#).

Please note: You must be logged into one of the Lincoln Producer Sites to access some of the links within this document.

The *Lincoln Care Coverage*® Accelerated Benefits Rider (CCABR), is an optional rider available on certain Lincoln life insurance policies. It is available **at issue only** at an additional cost and provides monthly benefit payments for the reimbursement of expenses incurred by the Insured for Covered Services to the extent that such services are qualified long-term care services prescribed in the Plan of Care. Benefits are subject to meeting the eligibility requirements and are provided through the acceleration of the policy's death benefit.

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The Application Process:

Who can apply for the CCABR?	Issue ages 20-80 that are rated no higher than Table D or with a flat extra rating of up to \$5/1000.
On which products is the CCABR currently available?	Check the State Availability grids for the latest product / state availability. Product Availability: <i>Lincoln VUL^{ONE}</i> (2019), <i>Lincoln LifeGuarantee</i> ® UL (2013), <i>Lincoln WealthAccumulate</i> ® IUL (2019) and <i>Lincoln WealthPreserve</i> ® IUL (2017) - 02/11/19. Note: Descriptions in this document are limited to the above products. Future variations may apply.

The Application Process (Continued):

How do you apply for the CCABR? (i.e. what forms are needed?)	<ul style="list-style-type: none">• The rider is elected on Part 1 of the Application under Additional Benefits and Riders. Select “Other Benefits and Riders not listed above” and write in CCABR. Instructions can be found on the New Business Data page within the product illustration/projection.• At ages 61+ there is a 10-word delayed recall test which will be completed as part of the Personal History Interview (PHI), and depending upon the results, a Short Portable Mental Status Questionnaire (SPMSQ) may be administered, during the same PHI call.• The following forms must be submitted:<ul style="list-style-type: none">○ Lincoln Care Coverage® Accelerated Benefits Rider Supplement*○ Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance*. This form must be completed if an accident, sickness or long-term care contract is being replaced.• Copies of the following must be provided to the applicant:<ul style="list-style-type: none">○ Potential Rate Increase Disclosure for Accelerated Death Benefit for Long-Term Care Services Rider* (state variations)○ Lincoln Financial Group Privacy Notice for Protected Health Information*○ Outline of Coverage for Accelerated Death Benefit for Long-Term Care Services Rider*○ Lincoln Care Coverage ABR Summary within the sales illustration/projection <p>*See the Forms Tool for specific Product/State required forms.</p>
How is the CCABR underwritten?	<ul style="list-style-type: none">• The CCABR will be underwritten along with the base policy.• The base policy may be rated up to Table D or with a flat extra rating of up to \$5/1000 however, the rating will NOT apply to the rider rates.• The policy may be approved but Lincoln may decline to issue the rider.• The CCABR has two underwriting classes: Standard and Couples Discount.
What is the Couples Discount and how do you qualify?	<ul style="list-style-type: none">• A Couples Discount underwriting class may be available based on the insured’s marital status at the time of issue.• Individuals will qualify if they are legally married (traditional or same sex), or are part of a Civil Union or Domestic Partnership, or are in a common law marriage as recognized in the state where the policy is delivered. This is indicated on the CCABR Supplement.• Change in status will not impact the policy post-issue.• Concurrent purchase of a like LTC policy by the spouse or partner is not required.
Will the CCABR be available with the lab-free process?	Yes. The CCABR will be available for the lab-free process up to age 60 and up to \$1 Million.
Is the CCABR available with the Table Reduction Program (TRP)?	Yes.

The Application Process (Continued):

What are the licensing and training requirements to solicit and sell CCABR?	Most states require a health license and/or LTC continuing education to solicit and sell CCABR. Failure to secure the proper licensing credentials prior to application submission could result in a processing delay and/or require additional client signatures. Click here to see the state licensing and training requirements chart.
What if licensing and training requirements are not satisfactory at time of application submission or are completed during the sales process?	Application submissions made prior to completing all licensing and training requirements may begin the underwriting process for the base policy. The addition of the rider during the sales process will result in delays. All CCABR required forms will need to be submitted and will likely require additional client signatures.
Are there any limits on the policy face amount at issue when including this rider?	No. The maximum base policy amount is subject to normal underwriting maximum limits. There is a Company LTC Lifetime Maximum Benefit Amount that varies by Monthly Maximum LTC Benefit Percentage.
Are all Death Benefit Options available with this rider?	Death Benefit Option 2 is not available with <i>Lincoln VUL^{ONE}</i> (2019) with the CCABR. Death Benefit Option 3 is not available with any product with the CCABR.
Are term conversions and internal replacements allowed into a policy with the CCABR?	Yes, but the policy and the rider will be fully underwritten. If a knockout question is triggered on the supplement, CCABR will not be available. If the underwriting offer is less favorable than the conversion / replacement underwriting class, the client can choose to: a) Proceed with the conversion / replacement underwriting class and not add the CCABR; or b) Accept the less favorable rating and add the CCABR. If CCABR is desired, the Couples Discount may apply, if eligible.

The Application Process (Continued):

Are there any conditions which would automatically make it less likely to be approved for the CCABR?

There is an application supplement which must be completed along with the regular application. Should any of these questions be answered "yes", the applicant will not be approved for the rider.

<i>Do you currently:</i>	Yes	No
Need help, assistance or supervision in doing any of the following: bathing, eating, dressing, toileting, walking, transferring from bed to chair or maintaining continence?		
Need help, assistance or supervision in performing any of the following everyday activities: taking medication, doing housework, laundry, managing money, using the phone, shopping or meal prep?		
Use or require the use of any of the following medical devices: wheelchair, ongoing catheter use, walker, cane, hospital bed, dialysis, oxygen, motorized cart or stair lift?		
Reside in, or are planning to enter a nursing home, assisted care living facility or other custodial facility?		
Receive in home health care services or adult day care?		
Receive any type of disability benefit, Worker's Compensation or Social Security Disability Insurance?		
Have a handicapped parking permit?		
Require occupational, physical or speech therapy?		
<i>Within the past 10 years, have you been diagnosed with, consulted a member of the medical profession for, been treated for or been advised to be tested or treated for by a member of the medical profession for:</i>	Yes	No
Memory loss, confusion, mild cognitive impairment (MCI), dementia or Alzheimer's disease?		
Recurrent falls, paralysis, tremors, ongoing imbalance, osteoporosis with fracture(s), or any condition which causes limited motion?		
Ataxia, kidney failure, cirrhosis, cystic fibrosis, amputation due to disease, multiple transient ischemic attacks (TIAs) or stroke, systemic lupus erythematosus (SLE), multiple sclerosis, post-polio syndrome, Parkinson's disease, Huntington's chorea, Lou Gehrig's Disease (ALS), muscular dystrophy or schizophrenia?		

Is there a free look period for the rider?	The CCABR may be returned for any reason to the insurance agent through whom it was purchased, to any other insurance agent of the Company, or Lincoln within 30 days after its receipt. If returned, the rider will be considered void from the Policy Date and a refund of all charges deducted for the rider will be credited to the Policy within 30 days of the return.
Design:	
How are the rider benefits determined?	<p>At policy issue, the owner will determine the LTC Specified Amount. This can be up to 100% of the policy's death benefit, subject to a minimum of \$50,000 and company lifetime maximum.</p> <p>The owner will also elect a Maximum Monthly Benefit Percentage which is the maximum percentage of LTC Specified Amount that can be accelerated each policy month and can either be 2% or 4%.</p> <p>This percentage will be used to calculate the Maximum Monthly LTC Benefit Amount.</p> <p>The Company Lifetime Maximum Amount per insured is the total LTC Specified Amount an insured is able to elect. It varies by the Maximum Monthly LTC Benefit Percentage, which caps the insured at a Maximum Monthly LTC Benefit Amount of \$50,000:</p> <ul style="list-style-type: none"> - \$2,500,000 for 2% - \$1,250,000 for 4%
What is the monthly maximum benefit amount?	The maximum dollar amount that can be accelerated each month, determined by multiplying the Initial LTC Specified Amount, adjusted for any decreases, by the Maximum Monthly LTC Benefit Percentage.
What is the amount available in any policy month?	<p>In any policy month in which benefits are eligible to be received, the amount available is equal to the least of:</p> <ol style="list-style-type: none"> a. the sum of costs incurred and actually paid for Covered Services for the policy month; b. the amount requested; c. the Maximum Monthly LTC Benefit Amount; or d. the Remaining LTC Specified Amount
Are benefits under the CCABR subject to the IRS per diem limit?	No.
Which riders are <u>not</u> allowed with the CCABR?	<p>Alternate Cash Surrender Value Rider (Exec Rider)</p> <p>Change of Insured Rider</p> <p>Guaranteed Insurability Rider</p> <p><i>Lincoln LifeAssure</i>® ABR</p> <p>Spouse Term Rider</p> <p>Waiver of Specified Premium</p>
Is the CCABR available to Foreign Nationals?	No.
What is the cost of the CCABR?	<ul style="list-style-type: none"> • There is an additional COI and Per 1000 charge. • Rates vary by product, issue age, gender, underwriting class and maximum monthly LTC benefit percentage.

Design (Continued):**Can the rider cost change?**

Rider rates are Guaranteed Renewable rates (current COI rates can change, subject to guaranteed maximums). Charges used in No-Lapse Guarantee (CPG/ONE) Rider Calculations – Shadow account rates are guaranteed and **cannot** change

How does the rider affect compensation?

Adding the CCABR will increase targets. If the free-look option is exercised, there will be a charge back of commissions paid for the rider.

Covered Services:**How are benefit payments determined?**

This rider is a reimbursement benefit which means that the policy owner must provide receipts for eligible services received and Lincoln will then reimburse the policy owner for Covered Services.

What are the covered services?

This rider will reimburse expenses for the Following Services:

- Adult Day Care
- Alternative Care
- Assisted living facility
- Bed reservation
- Care planning
- Caregiver Training
 - Training limit is \$500
 - Caregiver training benefits do NOT decrease the monthly maximum or the total LTC Specified Amount available
- Home Health Care
- Hospice
- Non-continual services
- Nursing Home Care
- Respite care

For additional details on covered services, please refer to the specimen contract.

Covered Services (Continued):

Are there any limitations or exclusions from receiving benefits with CCABR?	<p>This Rider will not provide benefits for:</p> <ul style="list-style-type: none">a.) treatment or care due to alcoholism or drug addiction;b.) treatment arising out of an attempt (whether sane, mentally or psychologically impaired or insane) at suicide or an intentionally self-inflicted injury;c.) treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law;d.) loss to the extent that benefits are payable under any of the following: 1. Medicare (including that which would have been payable but for the application of a deductible or a coinsurance amount). This means that this Rider does not pay for the Insured's Medicare deductibles or coinsurance; 2. other governmental programs (except Medicaid); 3. state or federal workers' compensation laws; 4. employer's liability laws; 5. occupational disease laws; and 6. any motor vehicle no-fault laws;e.) confinement or care received outside the United States or its territories and possessions, other than benefits for Nursing Home Care Services and Assisted Living Facility Services as described in the "International Benefits" provision;f.) services provided by a facility or an agency that does not meet the Rider definition for such facility or agency as described in the "Covered Services" section of this Rider, except as provided in the "Alternative Care Services" provision above;g.) services provided by an Immediate Family Member, unless: 1. the Immediate Family Member is a regular employee of the service or care provider furnishing the service or care; 2. the service or care provider receives the payment for the service or care; and 3. the Immediate Family Member receives no compensation other than the normal compensation for an employee in his or her job category; andh.) services for which no charge is or would normally be made in the absence of insurance.
Will the benefits under the CCABR be available for temporary conditions?	<p>The CCABR benefits will cover services for temporary and permanent conditions, so long as all eligibility requirements are met.</p>
Can an immediate family member be reimbursed for providing care?	<p>No. The CCABR will not provide benefits for services provided by an immediate family member. The exception to this is if the Immediate Family member is a regular employee of the service or care provider furnishing the service or care; the service or care provider receives the payment for the service or care; and the immediate family member received no compensation other than the normal compensation for an employee in his or her job category. For additional details on immediate family members, please refer to the specimen contract.</p>

<i>Covered Services (Continued):</i>	
Does CCABR provide benefits of covered services for an Informal, Independent or Unlicensed caregiver?	The Alternative Care Services provision is intended to allow claimants to have Tax Qualified Long-term Care services from informal, independent or unlicensed caregivers. This provision allows for reimbursement for the types of providers and services which are beneficial for the insured and under the prescribed plan of care. For additional details, please refer to the specimen contract.
<i>Qualifying for Benefits:</i>	
What are the qualifications for eligibility?	<p>An insured may receive benefits under the CCABR once the following conditions are met:</p> <ul style="list-style-type: none"> • 90-day elimination period is satisfied • Written certification within the preceding 12-month period from a Licensed Health Care Practitioner that the Insured is Chronically Ill • A prescribed Plan of Care by a Licensed Health Care Practitioner for Covered Services is received at least every 12 months • All claims forms and written notifications are submitted and satisfactory.
What is needed to continue benefit payments?	To continue receiving benefit payments, the 90-day elimination period need not be satisfied. All other eligibility qualifications must be met.
Is there an elimination period before the insured qualifies for benefits under the CCABR?	There is a one-time 90-day elimination period for this rider which must be met before rider benefits may be payable, and is satisfied by calendar days on which the insured receives Covered Service(s) which would otherwise be eligible for reimbursement under this rider or by Medicare. Covered Services are often received on an intermittent basis; therefore, consecutive days are not required but must be satisfied within a continuous period of 730 calendar days.
What does chronically ill mean?	<p>A state of health where the Insured:</p> <ol style="list-style-type: none"> a. is unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living: <ol style="list-style-type: none"> 1. For a period of at least 90 days; and 2. As a result of loss of functional capacity; or b. requires Substantial Supervision to protect the Insured from threats to health and safety caused by a Severe Cognitive Impairment.
How often must a Plan of Care be submitted?	A prescribed Plan of Care by a Licensed Health Care Practitioner for Covered Services is required to be submitted at least every 12 months.

Rider Claims:

Are resources available online to assist with rider benefits and claims processing?	Upon purchase of a policy with CCABR, policy owners are provided access to Lincoln Concierge Care Coordination . Concierge Care is a specialized service that simplifies the claim process and can help with finding and coordinating long-term care services, and with filing a claim. Concierge Care offers an online library of information and a network for caregivers to communicate.
How does the claims process work?	<p>The claims process involves four steps:</p> <ol style="list-style-type: none">1. Start the Process: Lincoln must be provided with a notice of intent to file a claim.2. Claim Forms and Other Information: Lincoln will provide the forms needed to complete and file the claim. The completed, signed forms must be returned to Lincoln.3. Evaluation of Claim: Lincoln will review the claim forms and other proofs of loss to verify that all conditions have been met.4. Payment of Claims: If determined that the claim is eligible for payment, including satisfaction of the Elimination Period, the claim will be paid.
How do I start the claim process?	The process will start with the notification of intent to file a claim. Notification must include the name of the person providing notice; the name of the insured; the policy number; and the address to which a claim form packet should be sent.
When should notification be provided?	Notice of an anticipated claim should be made as soon as possible, ideally within 60 days after the date the covered loss starts, or, if later, as soon as reasonably possible. Claims submitted more than 60 days after the date on which a covered loss starts may be subject to additional review and may take longer to process and pay, or may be denied.
Does the insured need to be the one to provide notice?	If the insured is unable to give Notice of Claim, a legal representative may act on their behalf, provided a Power of Attorney or authorization is on file.

Rider Claims (Continued):

What forms are needed to file a claim and how long will it take to provide the claim forms?	<p>Generally, there are four forms needed and they will be released within 5 business days of receipt of notification:</p> <ul style="list-style-type: none">• Insured's Statement of Loss – to be completed by the Insured or a personal representative. If a personal representative completes the forms, legal documentation (Power of Attorney, Conservatorship, Guardian, etc.) will also be required to confirm that the representative can act/sign on behalf of the Insured.• Medical Assessment – Plan of Care – to be completed by the appropriate medical professional who is certifying that the Insured requires care services.• Care Provider Assessment – to be completed by ALL providers who provide or have provided care services to the Insured. If there is more than one provider, the form should be copied. In addition, Lincoln requires a copy of the provider's license as well as copies of all itemized invoices billed to date.• Authorization (HIPAA compliant) for Release of Health-Related Information – to be completed by the Insured, or the Insured's representative.
How is a claim evaluated?	Upon receipt of all information and forms, Lincoln will verify that the Insured has met all of the Benefit Conditions and that the Covered Services for reimbursement are necessary and appropriate Qualified Long-Term Care Services prescribed in the Plan of Care.
How are CCABR payments made?	Once qualified for benefits, bills can be sent or can be arranged for service providers to send directly to the Company. Billed expenses for eligible qualified long-term care services will be reimbursed according to the bill or up to the maximum monthly benefit, whichever is less. The benefits are paid out no less frequently than monthly after the services have been provided.
Are payments made retroactively once the elimination period has been satisfied?	No. Payment of benefits will not be made for the first 90 days of covered services.
Are benefit payments made for late claims?	Once the 90-day elimination period is met, Lincoln will reimburse any eligible claim thereafter.
Must benefit payments go directly to service providers such as nursing homes or home health care agencies?	Benefits will be payable to the owner of the contract, unless otherwise directed by the owner. The owner may request for benefits to be paid directly to the insured's care provider.
What happens if the reimbursement amount is less than the monthly maximum?	Any unused portion of the monthly benefit may be carried over and benefits will continue, if the insured continues to meet the eligibility requirements, until the entire LTC Specified Amount has been exhausted.

Impact of Benefit Payments on the Policy:

How do benefit payments affect the policy and rider values?	Values within the policy will be proportionately reduced as acceleration takes place including policy specified amount, account values including cash surrender value, and values calculated under the CPG and No-Lapse Rider. If a Death Benefit Option (DBO) other than DBO I is in effect, it will be changed to DBO I prior to the first benefit payment. After this, no further DBO changes are permitted.
Does the rider provide lapse protection?	<ul style="list-style-type: none">• While benefits are being paid, CCABR charges will be waived.• Monthly deductions will continue and benefit payments will ratio down the specified amount used to determine charges.• If, while benefits are being paid, the policy would otherwise lapse, Lincoln will waive ALL monthly deductions but the death benefit will be limited to the Remaining LTC Specified Amount, less debt.• If insured's benefit payments stop, they must pay the premiums needed to keep the policy in-force.
What if I recover or no longer qualify as Chronically III?	Should an insured be no longer eligible for benefit payments, Lincoln should be notified of the change in claim status. Once benefits are no longer being paid, charges for CCABR will resume, additional premiums may be needed. An in-force illustration should be requested to determine any potential changes to planned premiums.
What impact does CCABR have with other riders attached to the policy?	<p>If any of these riders are on the policy, the following impacts will apply:</p> <p>Accelerated Benefits Riders: ABR is allowed with the CCABR but accelerating one rider will terminate the other.</p> <p>Children's Term Rider: if the policy is fully accelerated, CTR benefits become paid-up insurance.</p> <p>Enhanced Surrender Value Rider (VUL^{ONE}): Will terminate upon acceleration of benefits.</p> <p>Overloan Protection Rider: If the Overloan Protection Benefit is elected, CCABR will terminate. For IUL only – if CCABR were to terminate, OPR may be reinstated.</p> <p>Premium Reserve Rider: Value would be paid out and PRR would terminate.</p> <p>Waiver of Monthly Deductions: If already on waiver, may remain. May also go on waiver after coming off claim.</p>
Is there any residual Death Benefit with CCABR?	No.
What happens once the total LTC Specified Amount has been paid?	Upon reaching the maximum benefit amount payout, the rider will terminate. Any remaining Death Benefit will remain in-force so long as the policy is properly funded.
What happens to the policy if the LTC Specified Amount is less than the Death Benefit the LTC Specified Amount is fully exhausted?	Once the Lifetime Maximum Benefit amount has been reached, any policy death benefit will remain in-force so long as the policy is properly funded.

Post-Issue:

Can the rider be added to a policy that has been placed?	No.
Can the CCABR be terminated by the policy owner?	Yes. For VUL, the termination will occur on or next following the valuation date from which Lincoln receives the request. For GUL, the termination will occur on or next following the monthly anniversary day following the date from which Lincoln receives the request.
Can the policy owner request increases to the CCABR Specified Amount after issue?	No, requests to increase the LTC Specified Amount will not be allowed after issue.
Can the policy owner request decreases to the LTC Specified Amount after issue?	Requests to decrease the LTC Specified Amount will not be allowed after issue; however, if the Base Policy Specified Amount is reduced below the LTC Specified Amount, LTC Specified Amount will decrease.
Can the policy owner change the Maximum Monthly Benefit Percentage after issue?	No.
Can the insured qualify for the couple's discount if their situation changes after issue?	A Couples Discount will apply to the CCABR charges based on the insured's marital status at the time of issue and will not change for the life of the policy.
Does Lincoln allow loans and withdrawals after acceleration?	Loans and withdrawals are allowed up to and after acceleration but are not allowed in the same month that a benefit is paid.
What is the impact of an outstanding loan on benefit payments?	For policies with outstanding loans, a portion of the benefit payment serves as a loan repayment, resulting in a lower net benefit payment. For very large outstanding loans, it is possible for the benefit payment to be reduced to zero.
What happens if the insured dies before the full benefit amount is accelerated?	If the insured dies while receiving benefits under the rider, Lincoln reserves the right to withhold payment of any Death Benefit Proceeds that would otherwise be payable until we have verified that we have received all remaining claims for Covered Services. Any Death Benefit Proceeds paid will include interest as provided under the policy.

Tax Qualification:

NOTE: Clients should consult a qualified tax advisor prior to purchasing this rider and electing to receive benefits.

Are the benefits taxable under the CCABR?	<p>CCABR is intended to be treated as qualified long-term care insurance under Section 7702B(b) of the Internal Revenue Code, as amended (“Code”). The benefits paid under this Rider are intended to be treated as qualified long-term care benefits for federal tax purposes on the life of a chronically ill insured person receiving qualified long-term care services within the meaning of section 7702B(c)(1) of the Code.</p> <p>The benefits paid under this Rider are intended to qualify for exclusion from income subject to limitations. Generally, long-term care payments from all sources with respect to an insured person will be limited to the higher of the annual per diem limit or the amount of actual qualifying long-term care expenses, reduced by any reimbursements received for the qualifying long-term care services provided for the insured. The benefits paid under this Rider are designed to reimburse the insured for qualifying expenses. Thus, the per diem is not applicable for CCABR.</p>
Are the rider charges taxable under the CCABR?	<p>The CCABR is intended to be a qualified long-term care insurance contract as explained above. Lincoln is required to report the charges for the rider, paid out of the policy cash value, to the IRS, however, the rider charges are not treated as distributions of taxable income. The rider charges will reduce the investment in the policy (cost basis), but not below zero. Once the investment in the policy has been reduced to zero, the rider charge will reduce any gain in the policy – this will not cause a taxable distribution from the policy.</p> <p>The policy owner’s investment in the policy is used to determine the amount of gain that may be present in the policy for purposes of determining the income tax consequences of a distribution or upon surrender or termination of the policy.</p> <p>Lincoln will report the rider charges to the IRS each year in Box 1 of Form 1099-R, with distribution code “W” in Box 7 (“charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements”). The reduction in the cost basis of the policy will be shown in Box 8.</p> <p>In the event there was an actual distribution from the policy, Lincoln may provide a separate Form 1099-R. The distribution code in Box 7 will not be identified as a “W”, and the client should consult their tax advisor to determine whether any such amount is taxable.</p>
Should an irrevocable life insurance trust (ILIT) own a policy with the CCABR?	<p>The primary purpose of an ILIT is to prevent the death benefit from being included in the insured’s estate. An ILIT can own a life insurance policy with a long-term care rider, such as the CCABR, to fund the insured’s LTC needs. However, to have the death benefit excluded from the insured’s estate, the insured cannot retain any rights in the policy. Once benefits are paid into the trust from the CCABR, they become trust assets. Estate planning is very complex, and you should consult a legal or tax advisor with any questions about the ILIT and the tax treatment of LTC benefits paid to the trust.</p>

If the policy with the CCABR attached is a Modified Endowment Contract (MEC), will the income tax consequences of receiving rider benefits differ?	The tax treatment of rider benefits will not be impacted by the MEC status of the contract.
Can a policy with a qualified rider be exchanged income-tax free under Code Section 1035 to a Lincoln contract with the CCABR?	Yes.
How do benefit payments affect public assistance programs (Medicaid, Medicare, Temporary Assistance for needy Families (TANF), Social Security Income, etc.)?	Receiving accelerated benefits may affect eligibility for public assistance programs. Consult with a tax advisor or the social services agency for individual impacts.

Descriptions in this document are limited to the products listed. Future variations may apply when added to other products.

Tax qualification

Lincoln Care Coverage® ABR is intended to be recognized as qualified long-term care insurance under federal law. The acceleration of life insurance benefits provided under *Lincoln Care Coverage*® ABR intended to qualify for favorable tax treatment under Section 7702B(b) of the Internal Revenue Code. For federal income tax purposes, the policy is considered a qualified long-term care insurance contract. Note that a state insurance department does not in any way warrant that this coverage meets the requirements of Section 7702B(b) of the IRC.

Lincoln LifeGuarantee® UL (2013) policies are issued on policy number UL6000 (and state variations), and optional rider form number ICC18LTC-7050 by The Lincoln National Life Insurance Company, Fort Wayne, IN.

VULONE (2019) policies are issued on policy number ICC19-VUL686/ICC19ONER-686/19-VUL686/ONER-686 (and state variations), and optional rider form number ICC18LTC-7050 by The Lincoln National Life Insurance Company, Fort Wayne, IN.

Lincoln WealthAccumulate® IUL (2019) policies are issued on policy number ICC18UL6083 (and state variations), and optional rider form number ICC19LTC-7059 by The Lincoln National Life Insurance Company, Fort Wayne, IN.

Lincoln WealthPreserve® IUL (2017) – 02/11/19 policies are issued on policy number ICC17UL6082/UL6082 (and state variations), and optional rider form number ICC19LTC-7059 by The Lincoln National Life Insurance Company, Fort Wayne, IN.

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Variable products are sold by prospectuses, which contain the investment objectives, risks, and charges and expenses of the variable product and its underlying investment options. Read carefully before investing.

Policy values will fluctuate and are subject to market risk and to possible loss of principal. Products, riders and features are subject to state availability. Limitations and exclusions may apply.

Only Registered Representatives can sell Variable Products.

The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so.

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