




How to report your absence online

The first step in reporting an absence is knowing when to report it. Given the multiple benefits that can cover to your absence, here are a few rules of thumb:

- Report your claim up to 30 days in advance of a planned absence.
- For an unplanned absence, report as soon as you're aware that you'll be absent for 3 consecutive days for a sickness, 3 consecutive days for an injury, or 3 or more consecutive days for other leave reasons.

Our self-services website, [MyLincolnPortal.com](https://www.lincolnfinancial.com/MyLincolnPortal) offers a fast and easy way to submit your claim.



Your company provides these benefits through Lincoln:

- STD
- FMLA

When you submit, your claims specialist will review all benefits that may apply.

Our secure five-step process:

- 1** Log in to [MyLincolnPortal.com](https://www.lincolnfinancial.com/MyLincolnPortal).
First-time users will need to register using company code: **Modine**.
- 2** Select **Start a Claim or Leave** and answer a few questions.
 - **About you:** You'll need your employee identification number or other ID as required by your employer.
 - **About your absence:** Include the reason and dates of your absence, and, if applicable, physician diagnosis information.
- 3** Click **Submit**.
For disability claims, you'll be asked to download, sign, and submit a medical authorization form to send to your doctor.
- 4** You'll need your claim or leave number to view your status for the first time. A PDF of the information you submitted will be available, for you to easily save to your records.
- 5** Check the status of your claim online at [MyLincolnPortal.com](https://www.lincolnfinancial.com/MyLincolnPortal).
You can also opt in to text messaging via [MyLincolnPortal.com](https://www.lincolnfinancial.com/MyLincolnPortal). You'll receive texts regarding the receipt, approval, and extension of an absence; benefit payment information, if applicable; and the closure or extension of a claim or leave due to your return to work.

After you submit your claim



Follow-up information

If you're already out of work, you'll be contacted by phone or written correspondence within three business days. If filing a claim in advance, you'll be contacted once you're out of work. At this time, your claims specialist can answer your questions about your claim and gather additional information that may be needed.



Document upload

Conveniently upload requested documents as they're needed using our secure document upload feature on [MyLincolnPortal.com](https://mylincolnportal.com).



Claim decision

A claim decision will be made once all required information is received and reviewed. Based on the communication preferences you set on [MyLincolnPortal.com](https://mylincolnportal.com), we'll contact you by phone, letter, or text.



Ongoing communication

Your claims or leave specialist will stay connected with you until you return to work and assist you with additional support you may need.



Intermittent leave submittal

If you're taking intermittent time for your leave, you're required to report it within 5 business days. You can enter your intermittent leave on [MyLincolnPortal.com](https://mylincolnportal.com) by clicking **Report a new intermittent absence** and selecting the leave to which you want to apply the time.



Return-to-work date extension

Once you know your return-to-work date, you can submit the date along with required documentation on [MyLincolnPortal.com](https://mylincolnportal.com). Once submitted, your claims specialist will review and process the information accordingly.

If you cannot return to work as scheduled and need an extension to your absence, you can request by submitting a new date on [MyLincolnPortal.com](https://mylincolnportal.com) or contacting your claims specialist and providing the supporting documentation. You must also notify your .

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MAP 12/22 **Z06**

Order code: **AM-REPCL-FLI001**



Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Lincoln Financial Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee
Signature

Date

Print Employee Name