

CARES Act loan payment suspension request

If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-510-4015 or contact your retirement plan representative.

Is this the correct form?

This form is used to suspend your loan payments under the Coronavirus Aid, Relief, and Economic Security (CARES) Act or H.R. 748 that was signed into law on March 27, 2020.

- CARES Act loan payment suspension is only available for loan payments due between March 27, 2020 and December 31, 2020.

1 Tell us about yourself.

Plan name	Contract number
Account number	Plan ID (refer to your statement)
Name (first, MI, last, suffix)	SSN
Mailing address	Date of birth (mm/dd/yyyy)
City	State
	Zip
Email	Mobile
	Phone

Did you know?

Accruing interest: As a reminder, interest continues to accrue on the loan during the suspension period. If, at any time, you wish to restart your payments this year, please contact your plan administrator (if your payments are payroll deducted) or Lincoln if you wish to restart ACH/EFT payments.

Loan numbers: You can obtain your loan information by logging into your account at LinconFinancial.com.

2 Tell us about your loan(s).

I elect to suspend my loan payments until such a time as I request to restart my payments for the following loan(s). (Your request will be processed as soon as administratively feasible once this form is received in good order.)

- All loans
Loan number(s):

3 Self-certify, sign and date this form.

I certify that my request is considered Coronavirus-related due to one or more of the following reasons: 

- I (or my spouse or dependent) was diagnosed with the virus SARS-CoV-2 or with Coronavirus disease 2019 (referred to collectively as COVID-19), by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal, Food, Drug, and Cosmetic Act); or
- Due to COVID-19, adverse financial consequences have occurred as a result of one or more of the following events that apply to myself, my spouse, or a member of my household (defined as someone who lives with me at my principal residence):
 - Being quarantined, being furloughed or laid off or having work hours reduced;
 - Being unable to work due to lack of child care;
 - Being the owner or operator of a business that was forced to close or have its hours reduced;
 - Pay or self-employed income was reduced; or
 - A job offer was rescinded or start date for a job was delayed.

This list may be updated at a later date if additional guidance is issued.

 **Continue to the next page for additional instructions.**

Self-certification: Lincoln will rely upon your self-certification that you have met the requirements to be considered eligible for such a loan payment suspension. You will be responsible for documenting and retaining any and all information that the IRS may require to support this claim.

CARES Act loan payment suspension request

3 Self-certify, sign and date this form (continued).

By signing below, I certify that:

- If I am a New York resident, I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- I have read and understand the Important Fraud Notice and Important Information sections on the last page of this form.
- My answers on this form are true and accurate.

Your signature (Please sign with a pen. We cannot accept electronic signatures.)

Today's date (mm/dd/yyyy)

 / /

If you currently make loan payments through payroll deductions, please return this completed form to your plan administrator/employer.



TPA-serviced plans: If your TPA is responsible for tracking your loan, return this form to your TPA.

For plan administrator/employer use only:

I certify that I have reviewed this form and will update the participant's payroll deductions accordingly.

Plan administrator's name

Plan administrator's signature

Today's date (mm/dd/yyyy)

 / /

Return this completed form to Lincoln using the information below.

Did you remember to:

- Print, sign and date this form?
- If faxing, include both the front and back of ALL pages of the form?

Questions?



VISIT

LincolnFinancial.com or



CALL

1-800-510-4015,
M - F, 8 am - 8 pm ET

If you currently make loan payments by check or debit from your bank account:

Return this completed form to:

FAX

Lincoln Financial Group
260-455-6122

MAIL

Lincoln Financial Group
P.O. Box 2248
Fort Wayne, IN 46801-2248

EXPRESS MAIL

Lincoln Financial Group
1301 S. Harrison St.
Fort Wayne, IN 46802-3506

CARES Act loan payment suspension request

DISCLOSURE

The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as (Lincoln).

IMPORTANT FRAUD NOTICE

Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia and Washington, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

For Alabama residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For Arkansas, Louisiana, and Rhode Island residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Colorado, Kentucky, Maine, Ohio, and Tennessee residents only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

For District of Columbia residents only: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Kansas residents only: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of fraud as determined by a court of law.

For Maryland residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For New Jersey residents only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For New Mexico residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Oregon residents only: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may be subject such person to criminal and civil penalties.

For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Vermont residents only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For Virginia residents only: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

IMPORTANT INFORMATION

Loan payment suspension requests will be processed once responsible party receives the valid, fully completed loan payment suspension request (and approved by the plan administrator/employer for payroll deduct loans). Suspension of loan payments will go into effect as soon as administratively feasible. Lincoln cannot honor loan payment suspension requests to be effective as of a specified date.