

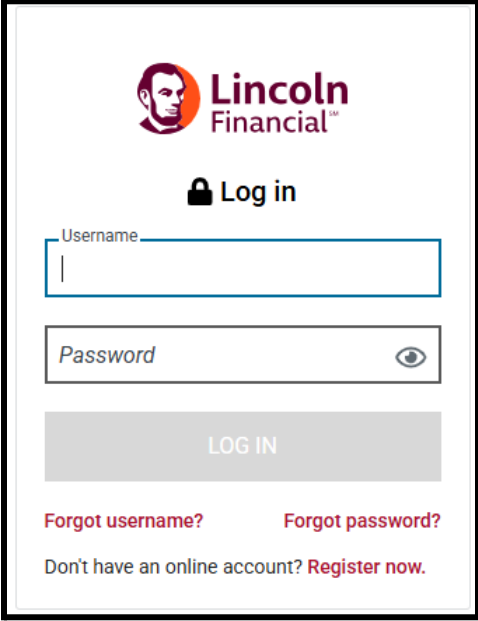


Lincoln
FinancialSM

Evidence of Insurability
Instructions Quick Guide for
Online Submission - New
Users/Hires

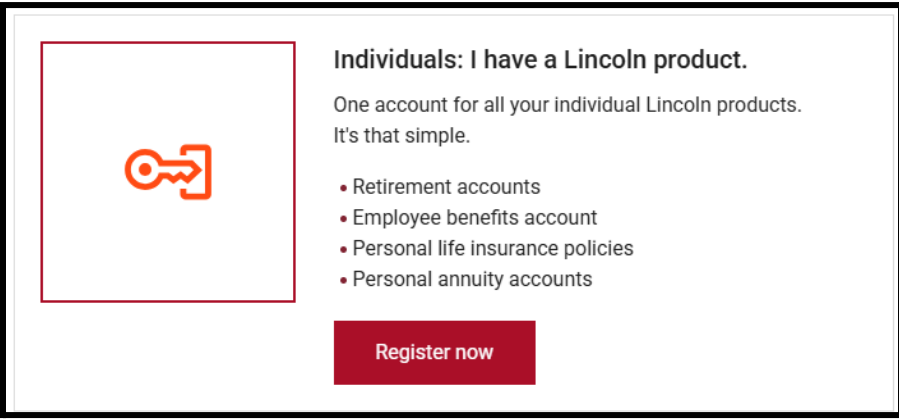
Login to MyLincolnPortal.com

Step 1: Go to <https://auth.lincolffinancial.com/login> and log into your Lincoln account. (If you are not a new user, move on to the next page)



The image shows the Lincoln Financial login page. At the top is the Lincoln Financial logo, which includes a stylized head of Abraham Lincoln and the text "Lincoln Financial". Below the logo is a "Log in" button with a lock icon. Underneath are two input fields: "Username" and "Password". The "Password" field has a toggle icon (an eye) to the right. Below the input fields is a large grey "LOG IN" button. At the bottom, there are links for "Forgot username?", "Forgot password?", and "Don't have an online account? Register now."

Step 2: If you are a new employee or have not yet created an account, click 'Register now.'



The image shows the Lincoln Financial registration page for individuals. On the left is a red square icon containing a stylized key. To the right of the icon is the heading "Individuals: I have a Lincoln product." followed by the text "One account for all your individual Lincoln products. It's that simple." Below this text is a bulleted list of products: "Retirement accounts", "Employee benefits account", "Personal life insurance policies", and "Personal annuity accounts". At the bottom right is a red "Register now" button.

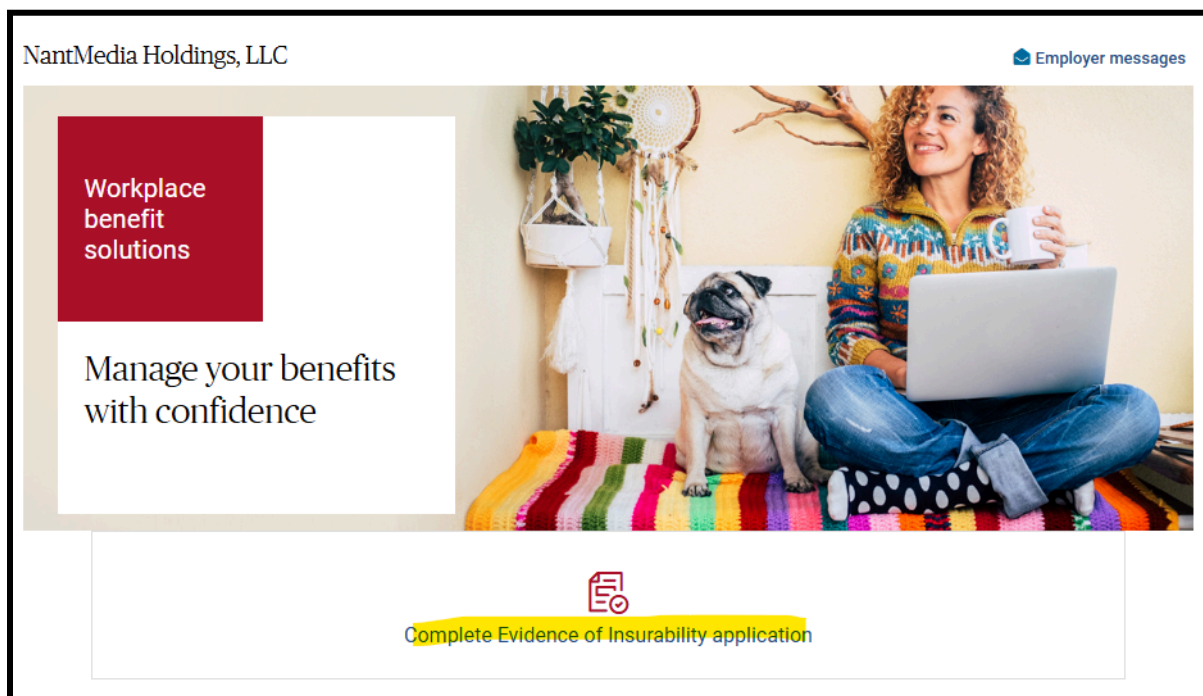
Step 3: Verify your identity by inputting your personal information and create your login credentials

To start your Evidence of Insurability (EOI)

To begin your EOI, please follow these steps

1. Click **Evidence of Insurability**
2. Select **Complete Evidence of Insurability application**
3. Confirm your current employer is NantMedia Holdings, LLC (Our Parent Company)

To ensure a smooth enrollment process, we recommend completing your application in one sitting. The site has a time-out feature to protect your personal information which will automatically end your session after 20 minutes of inactivity.



Please confirm your employer

To protect your personal information, please make sure the employer we have on file is accurate.

☒ Yes, NantMedia Holdings, LLC is my current employer.

If this is not your current employer, please call 1-800-431-2958 for assistance, Monday through Thursday 8 AM-8 PM ET and Friday 8 AM - 6 PM ET.

CloseConfirm

Navigating the Evidence of insurability

Continue verifying your identity by providing the requested information and select whether you are a new or existing employee.

What do I need to know before starting my application?

– Information you will need, quick tips and saving your progress

What you will need for each applicant applying for coverage

- First, last name
- Date of birth
- Social security number
- Height
- Weight
- Diagnosis of any applicants that have a disease or condition

Quick tips and saving your progress

- All questions will need to be answered to complete the application process.
- Your progress will be saved as you click 'Continue' and move between the steps in the application. You can also save partial progress within a step, if you wish to come back at a later time to complete your application. Please check with your employer if you have questions about the time to complete filling out the application.
- For added security this site has a **time-out feature**. To protect your personal information, your session will automatically end after 20 minutes of inactivity.

First, we need to verify your identity

.....

VERIFY

Are you a new employee electing coverage for the first time?

☐ Yes ☐ No

Entering Data during Enrollment

1. Select who you are applying coverage for
2. Complete all the fields.
 - **Please note:** Do not check 'Life (Employee)' as employees are automatically approved and enrolled in this benefit. If submitting EOI for yourself, select **Long Term Disability (LTD)**, **Optional Life (Employee)**, or **both**—whichever you're applying for.
 - You must submit EOI for any coverage you elected during the latest enrollment that **requires evidence of insurability**.
 - **Do not select "Life (Employee)"**—this does **not** apply to our plan. Company-sponsored Basic Life is automatic for all eligible employees and does **not** require EOI.
 - If you are unsure what EOI is pending, you can check in **Dayforce** under **Benefits** → **Current Elections**, or reach out to the **Benefits team** directly.
3. Click the **Save and Continue** button

1

2

3

4

Applicant coverage

Applicant information

Qualifying medical questions


Review and submit application

Who is applying for coverage?

Please select all that apply:

☐ Me

☐ Spouse or Domestic/Civil Union Partner

 Please select at least one applicant.

 My coverage

Edit

☐  Long Term Disability (LTD)

☐  Life (Employee)

☐  Optional Life (Employee)

*Employee insurance is required to have dependent insurance.

 Spouse or Domestic/Civil Union Partner coverage

Edit


☐  Optional Life (Spouse or Domestic/Civil Union Partner)

Completing Required Information

Continue providing information for all applicants when prompted including:

- General applicant information, such as date of birth, height, and weight
- Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a condition
- Medical questions — if you or other applicants have a health condition, Lincoln may need to know about it, such as the name, diagnosis date, and treatments

Please provide information for all applicants applying for coverage

 My information Edit

EMPLOYMENT INFORMATION

As an employee, are you actively at work?
☒ Yes ☐ No

Are you a full-time or part-time employee?

Qualifying medical questions

The following health questions must be answered fully and truthfully to the best of your knowledge and belief for each applicant.

Agreement of terms

	MYSELF
I understand that the Company is relying on the information that I provide in this form in order to evaluate my application for insurance. I understand that any incorrect information or information not disclosed in this application could result in underwriting delays, loss of benefits, or non-payment of claims.	<input checked="" type="radio"/> Yes

Tobacco or nicotine products

	MYSELF
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Once complete, you are prompted to review your application.


At the bottom of the page, click either 'Save for Later', 'Delete application', or 'Save and Continue' if you're finished.

COMPANIES AS A CONDITION OF OBTAINING HEALTH INSURANCE COVERAGE.

GL4A 23 CA

BACK

 Delete application

 Save for later

SAVE AND CONTINUE

In some cases, you may be automatically approved for coverage. Otherwise, Lincoln will review your application and contact you if more information is required. In all cases, they'll notify you of your application outcome.

What Happens Next

- The Benefits team will receive Lincoln's decision directly and update your benefits accordingly.
- If your coverage is **approved**, it will become effective the first day of the month following the approval date. However, if the approval is received on the 1st of the month, the effective date should be that same day. This will be reflected in your paycheck deductions—please monitor your paychecks for accuracy.
- If your coverage is **denied**, Lincoln will provide details on the decision and outline any opportunities for appeal. You will also have the opportunity to reapply during the upcoming open enrollment period if you wish to pursue coverage again.

Contact for help

If you need immediate assistance, contact Lincoln at 800-423-2765 from Mon - Thu, 5:00 a.m. - 5:00 p.m. PST and Fri, 5:00 a.m. - 3:00 p.m. PST.

Additional assistance can be reached at catimesbenefits@latimes.com.

Thank you!