

The Lincoln National Life Insurance Company

A Stock Company

Executive Office: 1300 South Clinton Street, Fort Wayne, Indiana 46801

Administrator Mailing Address: 350 Church Street, Hartford, Connecticut 06103-1106 (800) 962-1654

LONG-TERM CARE INSURANCE OUTLINE OF COVERAGE

For Convalescent Care Benefits Rider LR851 (8/05) and Extension of Benefits Rider LR852 (8/05), if applicable

CAUTION: The issuance of the Convalescent Care Benefits Rider and Extension of Benefits Rider, if applicable, described in this outline is based on your answers to the questions on your application for such Rider. A copy of your application is enclosed. If your answers are incorrect or untrue, The Lincoln National Life Insurance Company may deny benefits or rescind these rider(s). The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the Administrator Mailing Address shown above.

NOTICE TO OWNER: The riders described in this outline may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. You are advised to carefully review all policy and rider limitations.

1. INDIVIDUAL COVERAGE.

The Convalescent Care Benefits Rider and Extension of Benefits Rider, if applicable, described in this outline are attached to, and made a part of, an individual life insurance policy.

2. PURPOSE OF OUTLINE OF COVERAGE.

This Outline of Coverage provides a very brief description of the important features of the Convalescent Care Benefits Rider and Extension of Benefits Rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to you.

This is not an insurance contract, but only a summary of coverage. Only the riders and the individual life insurance policy to which they are attached contain the governing contractual provisions. This means that the riders and the policy set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY AND RIDERS CAREFULLY!

3. FEDERAL TAX CONSEQUENCES.

The riders described in this outline are intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

4. TERMS UNDER WHICH THESE RIDERS MAY BE CONTINUED IN FORCE OR DISCONTINUED.

Renewability

THESE RIDERS ARE GUARANTEED RENEWABLE. This means that you have the right, subject to the terms of your policy and rider(s), to continue these riders in force for as long as your policy stays in force. The Lincoln National Life Insurance Company cannot change any of the terms of your rider(s) on its own and cannot increase the monthly rider charges or monthly Optional Inflation Protection charges, if applicable.

Waiver of Premium

These riders do not contain a waiver of premium or waiver of rider charge provision. However, the monthly rider charges and monthly Optional Inflation Protection charges, if applicable, will be permanently waived once the cash value of the policy to which these riders are attached has been reduced to zero solely as a result of payments for Covered Services under the Convalescent Care Benefits Rider.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES.

We cannot increase the monthly rider charges and monthly Optional Inflation Protection charges, if applicable.

6. TERMS UNDER WHICH THE RIDERS MAY BE RETURNED AND RIDER CHARGES REFUNDED.

These riders may be returned for any reason to the insurance agent through whom they were purchased or to us at the Administrator Mailing Address shown above within 30 days after you receive them. If returned, the rider(s) will be considered void from the beginning and we will refund all charges paid for these riders.

These riders do not contain provisions providing for a refund or partial refund of rider charges or Optional Inflation Protection charges, if applicable, upon the death of the Insured or upon the surrender of the rider(s) or policy.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us. Neither The Lincoln National Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE.

Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home. These services are referred to as Covered Services and are more fully defined in the Convalescent Care Benefits Rider.

These riders provide coverage by reimbursing costs incurred by the Insured during the period of coverage for Covered Services, subject to the terms and conditions of the riders.

9. BENEFITS PROVIDED BY THESE RIDERS.

Benefits are provided under the Convalescent Care Benefits Rider until that rider's benefit limit has been reached. The Extension of Benefits Rider extends the benefits provided by the Convalescent Care Benefits Rider after the Convalescent Care Benefits Rider benefit limit has been reached.

We will pay an amount up to the maximum monthly benefit to reimburse the costs incurred by the Insured during the period of coverage for the Covered Services listed below, subject to the terms and conditions of the rider then in effect. The benefits paid for any one month of Covered Services will not exceed the maximum monthly benefit for the rider then in effect. The total benefits paid will not exceed the benefit limit as defined in each rider. The benefit limit and maximum monthly benefit for the Convalescent Care Benefits Rider and for the Extension of Benefits Rider, if applicable, are shown in the table attached to this Outline of Coverage.

Benefits paid under the Convalescent Care Benefits Rider are subject to a 90 day deductible period during which time this rider does not provide certain benefits which would otherwise be payable, as described in the rider. This 90 day deductible period applies to all Covered Services listed below except for Bed Reservation, Caregiver Training, Care Planning Services, Respite Care Services, and Non-Continual Alternative Care Services.

Benefits paid under the Extension of Benefits Rider while that rider and the policy are in force are not subject to a deductible period.

However, if the Extension of Benefits Rider terminates for any of the reasons outlined in that rider's Guaranteed Benefit (Nonforfeiture) provision, the benefits described in that provision will continue as paid-up long-term care coverage subject to a 90 day deductible period, as described in that provision. This 90 day deductible period applies to all Covered Services listed below except for Bed Reservation, Caregiver Training, Care Planning Services, Respite Care Services, and Non-Continual Alternative Care Services.

COVERED SERVICES

We will reimburse expenses incurred by the Insured for the following Covered Services to the extent that such services are qualified long-term care services:

Adult Day Care Services.

A program for 6 or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

Assisted Living Facility Services

Services that are provided to the Insured while he or she is confined or living in an Assisted Living Facility. An Assisted Living Facility is a separate facility (or a specially dedicated wing of a facility) which is licensed as an Assisted Living Facility, if the state licenses such facilities. If the state does not license Assisted Living Facilities, then the facility must meet the other criteria described in the Convalescent Care Benefits Rider.

Bed Reservation

The expense incurred by the Insured to reserve the Insured's bed in a Nursing Home while he or she is temporarily absent during a stay in a Nursing Home and is charged to reserve accommodations. The temporary absence can be for any reason with the exception of discharge. This includes, but is not limited to, a hospital stay or spending holidays or other time with family. This benefit is limited to no more than 30 calendar days each policy year. The amount payable

for this benefit cannot exceed 1/30th of the maximum monthly benefit of the rider then in effect for each day that the bed is reserved.

Care Planning Services

Services provided for the Insured by a Care Planning Agency under the direction of the attending physician. A Care Planning Agency is an agency or organization which is primarily engaged in providing care planning on behalf of its clients. The agency or organization must be licensed by the appropriate state licensing agency as a Care Planning Agency, if the state licenses such agencies. If the state does not license Care Planning Agencies, then the agency must meet the other criteria described in the Convalescent Care Benefits Rider.

Caregiver Training

Training given to the primary caregiver by a properly accredited medical or instructional institution or by a qualified individual such as a licensed nurse to provide the primary caregiver with the knowledge and skills necessary to care for the Chronically Ill Insured. The amount payable for this benefit is limited to no more than \$500 for all Caregiver Training provided while the Insured is covered under the Convalescent Care Benefits Rider and under the Extension of Benefits Rider, if applicable.

Home Health Care Services

Skilled nursing or other professional care services provided by a Home Health Care Agency at the Insured's place of residence, outside of a hospital, a Nursing Home or an Assisted Living Facility. A Home Health Care Agency is an agency that is primarily engaged in providing residential health care services under policies and procedures established by a group of professionals, including at least one physician and one nurse. The agency must meet at least one of the licensing, accrediting or certification criteria described in the Convalescent Care Benefits Rider.

Hospice Services

Services given to provide palliative care to alleviate the physical, emotional, social, and spiritual discomforts of the Insured who is in the terminal phases of life. These services also include supportive care given to the primary caregiver and the Insured's immediate family.

Nursing Home Care Services

Services that are provided to the Insured while he or she is confined to a Nursing Home. A Nursing Home is a facility or distinctly separate part of a hospital or other institution which is licensed by the appropriate state licensing agency as a Nursing Home, if the state licenses such facilities. If the state does not license Nursing Homes, then the facility must meet the other criteria described in the Convalescent Care Benefits Rider.

Personal Care Services

Services provided at the Insured's place of residence, outside of a hospital, Nursing Home or Assisted Living Facility, to assist with Activities of Daily Living, including activities such as using a telephone, managing medications, moving about outside, shopping for essentials, preparing meals, laundry, and housekeeping or homemaking activities to allow the Insured to remain in his or her residence. These services may be provided by skilled or unskilled persons.

Respite Care Services

Short-term care services provided for the Insured in an institution, in the home, or in a community-based program to provide temporary relief for the primary caregiver. Such services may be provided by skilled or unskilled persons. This benefit is limited to no more than 21 calendar days each policy year. The amount payable for this benefit cannot exceed 1/30th of the maximum monthly

benefit of the rider then in effect for each day of Respite Care Services.

Alternative Care Services

Qualified long-term care services that are not covered under any of the Covered Services listed above, but which your attending physician and we mutually agree would be appropriate to meet the Insured's long-term care needs. These services must be provided as an alternative to other Covered Services that would otherwise be required by the Chronically Ill Insured.

Non-Continual Alternative Care Services

Alternative Care Services which are received on a one-time basis, such as expenses for durable medical equipment or for modifications to the home to accommodate a wheelchair or other device. This benefit is limited to no more than one claim per calendar year.

ELIGIBILITY FOR PAYMENT OF BENEFITS

The following conditions must be met to qualify for benefits under the Convalescent Care Benefits Rider:

- a. The total benefits paid under the Convalescent Care Benefits Rider must not have reached that rider's benefit limit.
- b. The attending physician must certify that the Insured is Chronically Ill and that the illness is expected to continue for at least 90 days. Chronically Ill means that the Insured has been certified, within the preceding 12 months, by a physician as:
 1. Being unable to perform (without Substantial Assistance as defined below from another individual) at least 2 of the Activities of Daily Living described below, for a period of 90 days due to loss of functional capacity; or
 2. Requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment, as defined below.
- c. The physician must approve a plan of care in writing, prescribing services including Covered Services that are to be provided to the Insured. The Insured must receive the Covered Services prescribed under the approved plan of care while these riders are in force.
- d. At least once every 12 months thereafter, and for as long as the Insured continues to be Chronically Ill, the physician must again:
 1. certify that the Insured is Chronically Ill. If the Insured's chronic illness is due to loss of functional capacity, the physician must again certify that the Insured's chronic illness is expected to continue for at least 90 days; and
 2. either approve a new plan of care, or reconfirm the existing plan of care in writing.

Activities of Daily Living are the 6 basic functional abilities which relate to the Insured's ability to live independently. They are:

- a. Bathing: The Insured's ability to wash himself or herself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- b. Continence: The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- c. Dressing: The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

- d. **Eating:** The Insured's ability to feed himself or herself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- e. **Toileting:** The Insured's ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene.
- f. **Transferring:** The Insured's ability to move into or out of a bed, chair, or wheelchair.

Severe Cognitive Impairment means a loss or deterioration in the Insured's intellectual capacity that is:

- a. comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- b. measured and confirmed by clinical evidence and standardized tests that reliably measure impairment in the following areas:
 - 1. the Insured's short-term or long-term memory;
 - 2. the Insured's orientation as to person (such as who they are), place (such as their location), and time (such as day, date, and year); and
 - 3. the Insured's deductive or abstract reasoning or judgment as it relates to safety awareness.

Substantial Assistance means hands-on assistance or the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the Severely Cognitively Impaired Insured from threats to his or her health or safety (such as may result from wandering).

10. LIMITATIONS AND EXCLUSIONS.

Pre-Existing Conditions

These riders do not exclude pre-existing conditions.

Ineligible Facilities or Providers

These riders do not cover services provided by a facility or an agency that does not meet the rider definition for such facility or agency, except as provided under Alternative Care Services. These riders do not cover services provided by unlicensed providers, or services provided by a member of the Insured's immediate family or for which no charge is normally made in the absence of insurance. These riders do not cover services provided in facilities operated primarily for the treatment of mental or nervous disorders, which include neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

Ineligible Levels of Care

These riders do not cover services that do not constitute qualified long-term care services as defined in the Convalescent Care Benefits Rider.

Exclusions, Exceptions and Limitations

These riders will not pay benefits for:

- a. care provided in facilities operated primarily for the treatment of mental or nervous disorders, which include neurosis, psychoneurosis, psychopathy,

psychosis, or mental or emotional disease or disorder. **This exclusion does NOT apply to qualifying stays or care resulting from a clinical diagnosis of Alzheimer's Disease or similar forms of irreversible dementia;**

- b. treatment for alcoholism, drug addiction or chemical dependency (unless the drug addiction or chemical dependency is a result of medication taken in doses as prescribed by a physician);
- c. treatment arising out of an attempt (while sane) at suicide or an intentionally self-inflicted injury;
- d. 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;
- e. loss to the extent that benefits are payable under any of the following: Medicare (including that which would have been payable but for the application of a deductible or a coinsurance amount), other governmental programs (except Medicaid), workers compensation laws, employer's liability laws, occupational disease laws, and motor vehicle no-fault laws;
- f. confinement or care received outside the United States;
- g. services provided by a facility or an agency that does not meet the rider definition for such facility or agency, except as provided in the Alternative Care Services provision in the Convalescent Care Benefits Rider; and
- h. services provided by a member of the Insured's immediate family or for which no charge is normally made in the absence of insurance.

THESE RIDERS MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the cost of long-term care services will likely increase over time, you should consider whether and how the benefits provided under these riders may be adjusted.

These riders provide for Optional Inflation Protection coverage. If you *don't* reject Optional Inflation Protection by signing the rejection statement in the application for these riders, the maximum monthly benefit and benefit limit for the Convalescent Care Benefits Rider and the Extension of Benefits Rider, if applicable, will automatically increase on each policy anniversary while the rider(s) are in force. The amount of the annual increase will depend upon the Optional Inflation Protection option that is in effect. The available options are described below. The monthly rider charges and monthly Optional Inflation Protection charges will remain level and will not increase annually as the benefits increase.

If you *reject* Optional Inflation Protection by signing the rejection statement in the application for these riders, you will not be able to increase your benefits later. These riders do not provide a guaranteed option to buy additional insurance.

The available options are as follows:

Option 1. Simple Increases: If Option 1 is in effect, on each policy anniversary the maximum monthly benefit and benefit limit for the Convalescent Care Benefits Rider and the Extension of Benefits Rider, if applicable, will

automatically increase by an amount equal to 3% of the rider's benefit limit at issue adjusted for withdrawals and loan activity.

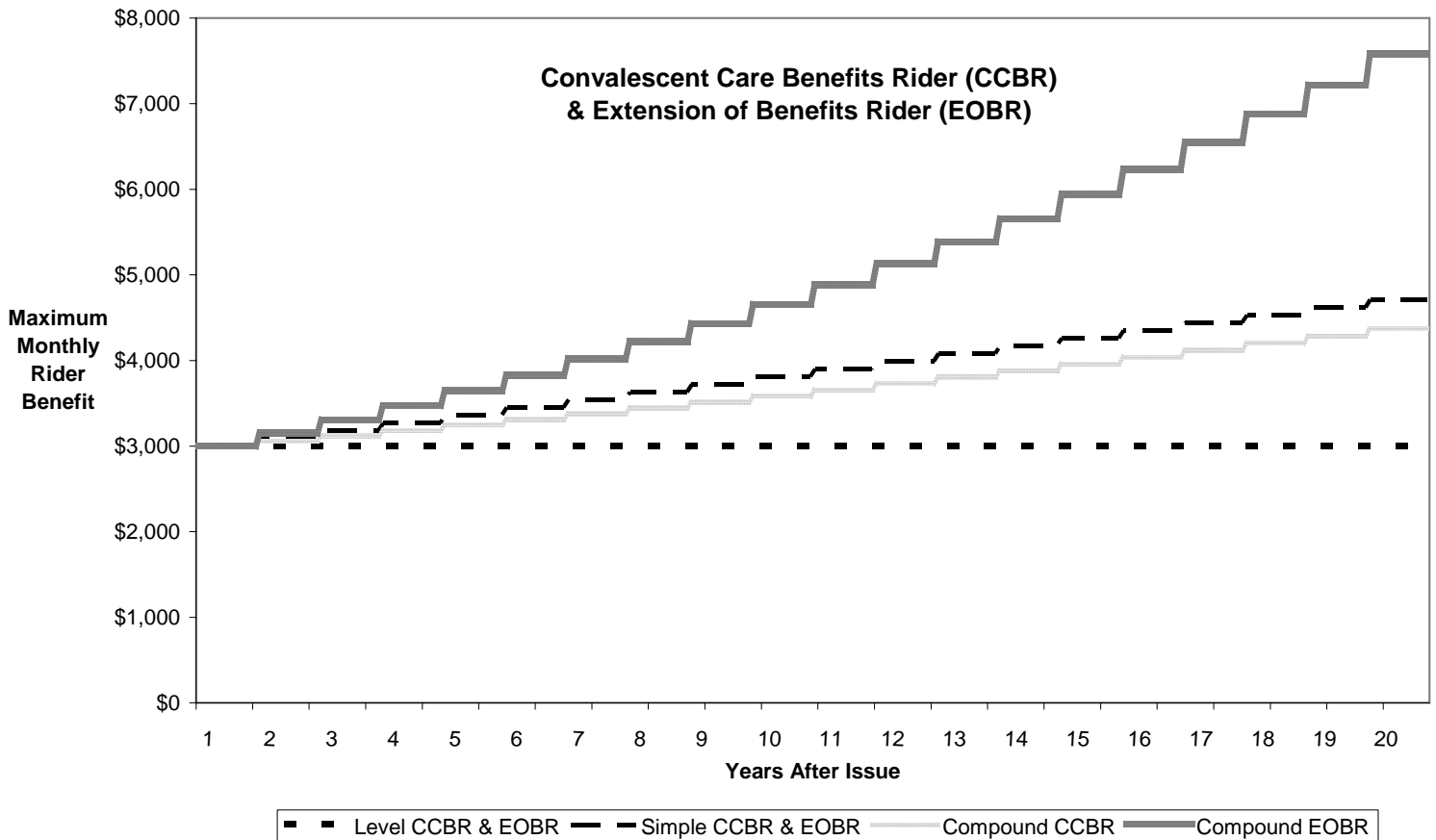
Option 2. Compound Increases: If Option 2 is in effect, on each policy anniversary the maximum monthly benefit and benefit limit for the Convalescent Care Benefits Rider and the Extension of Benefits Rider, if applicable, will automatically increase. The increase amount for the Convalescent Care Benefits Rider will equal 2% of the rider's benefit limit at issue adjusted for withdrawals and loan activity, compounded by the number of years the policy has been in effect. The increase amount for the Extension of Benefits Rider, if applicable, will equal 5% of the rider's benefit limit at issue adjusted for withdrawals and loan activity, compounded by the number of years the policy has been in effect.

The chart below gives examples of the monthly Optional Inflation Protection charges for both Option 1 (Simple Increases) and Option 2 (Compound Increases) for both riders. The example shown is for a maximum monthly benefit of \$3,000 with a 2 year Convalescent Care Benefits Rider duration and a 2 year Extension of Benefits Rider duration.

Your actual monthly Optional Inflation Protection charges will be different from the examples shown if you select a different combination of Convalescent Care Benefits Rider duration and Extension of Benefits Rider duration. We will quote your Optional Inflation Protection charges based upon the rider durations and Optional Inflation Protection option, if any, you choose.

Monthly Optional Inflation Protection Charges for \$ 3,000 of Maximum Monthly Benefit Convalescent Care Benefits Rider ("CCBR") Duration is 2 Years Extension of Benefits Rider ("EOBR") Duration is 2 Years									
Issue Age	Inflation Protection				Issue Age	Inflation Protection			
	Option 1		Option 2			Option 1		Option 2	
	C C B R	EOBR	C C B R	EOBR		C C B R	EOBR	C C B R	EOBR
35	\$ 9 . 0 0	\$2.81	\$ 9 . 0 0	\$19.51	65	\$ 5 4 . 0 0	\$15.91	\$ 5 0 . 9 8	\$55.95
45	1 4 . 9 8	4.97	1 4 . 9 8	27.50	75	1 5 5 . 9 6	36.07	1 8 5 . 9 8	100.29
55	3 2 . 9 8	8.79	2 7 . 0 0	37.73	80	1 8 0 . 0 0	47.88	2 1 0 . 0 2	119.74

The chart below provides a comparison of the maximum monthly benefit provided by each rider with the options available to you: level benefits (no Optional Inflation Protection); benefits that increase annually by 3% simple interest (Option 1: Simple Increases); and benefits that increase annually by 2% compound interest for the Convalescent Care Benefits Rider, and 5% compound interest for the Extension of Benefits Rider, if applicable (Option 2: Compound Increases).



The monthly Optional Inflation Protection charge for the Convalescent Care Benefits Rider will be calculated based on your age at issue, the rider's benefit limit at issue, the rider duration selected, and the Optional Inflation Protection option selected. This charge will change only if the rider's benefit limit changes as a result of withdrawals or loan activity.

The monthly Optional Inflation Protection charge for the Extension of Benefits Rider, if applicable, will be calculated based on your age at issue, the rider's benefit limit at issue, the Convalescent Care Benefits Rider duration selected, the Extension of Benefits Rider duration selected, and the Optional Inflation Protection option selected. This charge will change only if the rider's benefit limit changes as a result of withdrawals or loan activity.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

These riders will cover qualified long-term care services resulting from a clinical diagnosis of Alzheimer's Disease or related degenerative and dementing illnesses.

13. RIDER CHARGES.

The monthly rider charges and monthly Optional Inflation Protection charges, if applicable, for the Convalescent Care Benefits Rider and the Extension of Benefits Rider, if applicable, will be deducted each month from the cash value of the policy to which they are attached. These charges are shown in the table attached to this Outline of Coverage, and will also be shown on the Policy Schedule of the issued policy.

14. ADDITIONAL FEATURES.

The issuance of these riders is subject to medical underwriting.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE LINCOLN NATIONAL LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING THE CONVALESCENT CARE BENEFITS RIDER OR EXTENSION OF BENEFITS RIDER DESCRIBED IN THIS OUTLINE.

**OUTLINE OF COVERAGE
TABLE**

Convalescent Care Benefits Rider (“CCBR”)Monthly Rider Charge: \$ _____

CCBR Benefit Limit: \$ _____

CCBR Duration: _____ Years

Maximum Monthly CCBR Benefit: \$ _____

Optional Inflation Protection.....CCBR Monthly Inflation Charge: \$ _____

Option _____

Extension of Benefits Rider (“EOBR”).....Monthly Rider Charge: \$ _____

EOBR Benefit Limit: \$ _____

EOBR Duration: _____ Years

Maximum Monthly EOBR Benefit: \$ _____

Optional Inflation Protection.....EOBR Monthly Inflation Charge: \$ _____

Option _____

TOTAL ANNUAL RIDER CHARGES: \$ _____