

**GROUP LIFE & DISABILITY
ENROLLMENT/CHANGE CARD**

The Prudential Insurance Company of America

Please refer to the description of your plan for coverage options and amounts available to you.

Employee's Last Name	First Name	MI	Name of Employer	Group Policy No.	Claim Branch
Employee's Address				Employee's Annual Salary \$	
Social Security No. - -	Date of Birth / /	Date Employed / /	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Male <input type="checkbox"/> Female

Please mark the appropriate box according to your plan.

Type of Coverage	<input type="checkbox"/> Basic Term Life (Non Contrib.)	<input type="checkbox"/> Optional Term Life	<input type="checkbox"/> Dependent Term Life	<input type="checkbox"/> Accidental Death & Dismemberment (Non Contrib.)	<input type="checkbox"/> Optional Accidental Death & Dismemberment	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability
Enter Amount							
Effective Date							

EMPLOYEE'S DEPENDENT INFORMATION

Dependent's Last Name	First Name	MI	Date of Birth	Relationship to Employee
			/ /	
			/ /	
			/ /	

My Dependent coverage is for: Spouse Only Spouse & Children

MY BENEFICIARY'S NAME (PLEASE PRINT) Example: Mary A. Doe, not Mrs. J. Doe

First Name	Middle Initial	Last Name	Relationship To Employee	% of Benefit
Address				
First Name	Middle Initial	Last Name	Relationship To Employee	% of Benefit
Address				
First Name	Middle Initial	Last Name	Relationship To Employee	% of Benefit
Address				

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

EMPLOYEE'S SIGNATURE

- I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. I declare the statement above is true and understand it is the basis for determining the monthly contribution for coverage.
- I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents.

Employee Signature _____ Date (Month/Day/Year) _____ / _____ / _____

FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA, VIRGINIA VERMONT AND WASHINGTON; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

FLORIDA RESIDENTS – Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK RESIDENTS – 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This notice ONLY applies to accident and disability income coverage.

PENNSYLVANIA RESIDENTS – 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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VIRGINIA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

VIRGINIA RESIDENTS – REPLACING YOUR LIFE INSURANCE POLICY? Are you thinking about buying a new policy and discontinuing or changing an existing policy? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing policy and the proposed policy. Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

Will this proposed insurance replace an existing life insurance policy? Yes No

Employee Signature _____ Date (Month, Day, Year) _____

VERMONT AND WASHINGTON RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

Employee Signature _____ **Date (Month, Day, Year)** _____

FOR EMPLOYER'S USE ONLY		CHANGES OF BENEFICIARY								
DATE OF CHANGE		NEW BENEFICIARY DESIGNATED				RELATIONSHIP				
ADDITIONAL INFORMATION:										
CHANGED AMOUNT OF INSURANCE										
COVERAGE	CHANGE 1		CHANGE 2		CHANGE 3		CHANGE 4		CHANGE 5	
	Eff. Date	Amount	Eff. Date	Amount	Eff. Date	Amount	Eff. Date	Amount	Eff. Date	Amount
BASIC TERM LIFE										
OPT. TERM LIFE										
BASIC AD&D										
OPT. AD&D										
STD										
LTD										
DEPENDENT TERM LIFE										

Group Term Life, Accidental Death and Dismemberment and Disability coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. Life Claims: 800-524-0542 and Disability Support: 800-290-5903. Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. Contract Series: 83500.