



**REQUEST FOR GROUP INSURANCE**

Please complete all sections of this form and return it to your Prudential Representative (print clearly).

**Employer Information**

Complete Name of Employer/Association  
(Print full or corporate name under which business operates. If D.B.A., print legal name and D.B.A. name.)

Legal Name:

\_\_\_\_\_

D.B.A. Name:

\_\_\_\_\_

Actual Street Address of Business Location--(Do not use PO Box)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_

ZIP Code

\_\_\_\_-\_\_\_\_

Nature of Business

\_\_\_\_\_

DUNS Code

\_\_\_\_-\_\_\_\_

SIC Code

\_\_\_\_

Type of Organization (Check one)

- Corporation     Proprietorship/Self-Employed     Partnership     Subchapter S     Other

Coverages Requested

- Basic Term Life     Optional Term Life     Dependent Term Life     Business Travel Accident     AD&D  
 Optional AD&D     Short Term Disability     Long Term Disability     Other\_\_\_\_\_

Requested Effective Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Payment Collected (if any)

\$\_\_\_\_\_

**Signatures** (Must be signed by an authorized representative of the requesting entity.)

The terms and conditions for group insurance coverage are controlled by the Group Contract, if any, issued by Prudential. The check will be deposited and will be applied to the first month's premium due as of the effective date. If, after receiving this request, Prudential decides not to issue coverage, the initial premium payment will be returned.

It is further understood that 1) this is not an application; 2) an application for each contract (policy) will be made at the time the contract is delivered; 3) no agent has power on behalf of The Prudential Insurance Company of America to make or modify a request for insurance or to bind said Company by making any promise or representation or by giving or receiving any information, except that Life and Disability Sales Managers and Director Group Life Sales may bind, in writing, coverage under group contracts on behalf of Prudential.

Signature of Authorized Officer

Date

Print Name and Title

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## **Certification and Recommendation of Agent/Broker/Consultant**

I certify that on, or prior to, this date I have: (a) personally seen, or spoken with, an officer or authorized representative of the Employer; (b) asked each of the questions and have verified with the Employer/Association the plan requested; (c) truly and accurately recorded the information supplied by the Employer, who signed the Request for Group Insurance.

I also certify that I have not (a) guaranteed issue of the plan, coverage of any individual, or payment of any claims; (b) modified verbally or in writing any plan provision, limitation, or exclusion. To the best of my knowledge, the questions are answered correctly. After appraisal of the character and appearance of this business and its employees, I recommend this risk for acceptance.

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Signature of Agent/Broker/Consultant

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Date

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Print Name of Agent/Broker/Consultant

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Firm Name

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## Request to Participate as a Subscriber in a Prudential Insurance Benefits Trust

### Complete only if you are participating as a Subscriber in a trust.

The undersigned Employer requests participation as a Subscriber to a Prudential insurance benefits trust adopted by Employers, effective upon receipt by Prudential of the Request for Group Insurance submitted with this request. As a Subscriber, the Employer agrees to be bound by the terms of the Trust now in effect or as amended in the future.

The Employer understands that:

- 1) The purpose of the Trust is to provide insurance for Subscribers' employees and their families under a Group Contract(s).
- 2) A Subscriber's payments shall be made in the amounts needed to continue its insurance plan and its participation in the Trust. If payment is not made by the end of the thirty-one day period following a premium due date, Prudential reserves the right to terminate the plan effective at 12:01 a.m. of the day immediately following the end of that period. The Subscriber is directly liable to Prudential for the payment of the premium for the period of time the plan was in force, including that thirty-one day period. If the Subscriber asks in advance that the plan terminate at the end of a period for which premiums have been paid (or at any time during such period), coverage will cease on the date requested, subject to all terms of the plan.
- 3) Where permitted by law, Prudential reserves the right to terminate the Group Contract on any premium due date on or after any rate guarantee period. An Employer will be given notice at least 31 days in advance.
- 4) The plan may be terminated by Prudential, where permitted by law, if one or more of the following conditions exists:
  - All plans participating in the Trust which share similar characteristics and are within the same jurisdiction are being terminated.
  - Fraud or misrepresentation of the Employer or other persons enrolled for coverage.
- 5) The Subscriber will periodically, upon request, provide the information needed by Prudential to maintain a record of employees insured and to determine eligibility for coverage and/or proper premium rates under the plan.
- 6) When required by Prudential, or by law or regulation, a Subscriber may be transferred to another Trust under the Program, subject to the provisions of the group insurance under that Trust.

A copy of the Trust Agreement and the Group Contract(s) issued in connection therewith are held by Prudential where they may be examined by any Subscriber.

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Signature and Title of Employer or Authorized Representative of the Employer

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Date

**Prudential**  **Financial**