

**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
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
First Name	Middle Initial	Last Name	Relationship To Employee
First Name	Middle Initial	Last Name	Relationship To Employee

If more than one 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 no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy.

**EMPLOYEE'S SIGNATURE:**

I request to elect the coverages noted above for which I am or may become eligible, and authorize payroll deductions of the required contributions (if applicable). If I do not enroll for coverage within 31 days of my date of hire or within any specified enrollment period, I understand that I will need to provide proof of good health satisfactory to Prudential for all coverage amounts. I certify that information contained in this form is complete and accurate to the best of my knowledge and belief, and understand that my age is the basis for determining the cost of insurance rates.

Employee Signature \_\_\_\_\_ Date (Month, Day, Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TAX CERTIFICATION SECTION:**

Under penalties of perjury, I certify that the number shown on this form is my correct Tax Identification Number (Social Security Number). I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order, or (c) I am exempt from backup withholding. I am a U.S. person (including resident alien).

- Check here only if you are subject to backup withholding: I have been notified by the IRS that I am subject to backup withholding due to underreporting of interest or dividends.
- Check here if you are not a U.S. person (including resident alien).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Employee Signature \_\_\_\_\_ Date (Month, Day, Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IMPORTANT NOTICE**

**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 a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, 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.

**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. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable.

**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.

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										
DEPENDENT TERM LIFE										

Basic Term Life, Dependent Term Life, Optional Term Life, and Basic and Optional Accidental Death & Dismemberment coverages are underwritten by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. The AD&D phone number is: 800-524-0542. Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. Contract series: 83500.

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