

Prudential Insurance Company of America
Group Life & Disability
Disability Claims
New Case Set-Up Information
Fax: (973)285-8909

Date:
From:
Company Name:
Phone Number:

Client Name:
Client Control Number:
Case Effective Date:

Does first day hospitalization apply?	Yes / No
Does first day outpatient apply?	Yes / No
Does pre-existing exclusion apply?	Yes / No
Does contestability apply?	Yes / No
Does occupational exclusion apply to policy?	Yes / No
If claim is for owner, does occupational exclusion apply to policy?	Yes / No

Employer contribution rate (if applicable) _____
Employee contribution (if applicable) Pre-tax Post-tax

What is the frequency of payment? Weekly Biweekly Monthly

When should check be issued? _____ days before or _____ days after

Check and EOB distribution (check one):

1. all checks / EOBs sent to employer
2. first check sent to employer, subsequent checks sent to employee with copies to employer
3. all checks sent to the employee with copies to the employer
4. all checks sent to the employee with no copies to the employer

