



REQUEST FOR GROUP INSURANCE

The Prudential Insurance Company of America

Please complete all sections of this form and return it to your Prudential Financial 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:

Grid for Legal Name

D.B.A. Name:

Grid for D.B.A. Name

Actual Street Address of Business Location--(Do not use P.O. Box)

Grid for Actual Street Address

City

Grid for City

State

Grid for State

ZIP Code

Grid for ZIP Code

Nature of Business

Grid for Nature of Business

DUNS Code

Grid for DUNS Code

SIC Code

Grid for SIC Code

Type of Organization (Check one)

- Corporation, Proprietorship/Self-Employed, Partnership, Subchapter S, Other

Is This Plan Subject to ERISA?

- Yes, No

Prudential will rely on this response in providing services under the Group Contract(s), if any, that are issued for a plan. If you are requesting coverage for more than one plan, please provide a separate response for each such plan. Should your conclusion(s) concerning ERISA coverage change at any time, you must inform Prudential of the change as soon as administratively feasible.

If yes, client hereby confirms that it is acting on behalf of an ERISA plan and:

- 1) Client is not, and is not affiliated with or related to, the Producer of Record;
2) Client is not, and is not affiliated with or related to, Prudential;
3) Client has been informed of the nature of the insurance and the premiums, charges, fees, discounts, penalties and adjustments that may be imposed under the policy's terms.
4) Client has received this disclosure form and approves these commissions and other compensation, including any payments for which the Producer of Record becomes eligible under the ancillary commission program described above; and
5) Client will not receive, directly or indirectly, any commissions or other consideration from any party as a result of the sale of insurance to the Plan or the engagement of Prudential or the Producer of Record to provide services to the Plan.

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, Long Term Care, Other

Requested Effective Date

Grid for Requested Effective Date

Amount of Payment Collected (if any)

Grid for Amount of Payment Collected

## Disclosure of Compensation

Client: \_\_\_\_\_ Control Number: \_\_\_\_\_

Coverage(s): \_\_\_\_\_

The Client named above ("Client") acknowledges that the following compensation is being paid by Prudential to the producer of record named below in connection with the sale of group insurance products issued by The Prudential Insurance Company of America to the Client

|   |  |
|---|--|
| Producer of Record  |  |
| Relationship of Producer to Prudential  | Independent, licensed producer authorized to place insurance business with Prudential and other insurers   |
| Commission Rate   | % of premium   |
| Other Administrative Services:<br>Specify other compensation type & rate basis<br><input type="checkbox"/> Check here if additional sheet is attached.  | Amount /Terms  |
| Ancillary Commission<br><br>Additional payments to producers (including brokers and consultants) may be made under an ancillary commission program. Eligibility and the amount of any payments are determined based on the producer's total business in force with Prudential. The costs of the ancillary commission program are included by Prudential as overhead and are not allocated as expenses to specific policies. | Amount/Terms<br><br>The amount of ancillary commission, if any, is a percentage of premium and is payable subject to the terms of the incentive compensation program. The amounts may vary depending upon the producer's level of eligibility over time. More information about eligibility criteria and payment calculation under the program can be found on Prudential's website: Prudential.com>>Group Insurance>>Producer page. |

The producer and client consent to the producer's participation in the ancillary commission program described above  Yes  No

Acknowledged by:

\_\_\_\_\_  
Client Signature and Title

\_\_\_\_\_  
Date

Acknowledged by:

\_\_\_\_\_  
Producer Signature and Title

\_\_\_\_\_  
Date

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**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 The Prudential Insurance Company of America (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 the 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 the Director, Group Life Sales may bind, in writing, coverage under group contracts on behalf of Prudential.

**The following notification pertains to Clients who have elected the optional work/life services:**

The optional work/life services are provided by ComPsych, a third party vendor not affiliated with Prudential. ComPsych is solely liable for providing these goods and services, and their fees are separate and not part of the premium rate for the insurance coverage(s). Therefore, no commissions are payable for these services, and the fee is not subject to any rate guarantee.

Prudential shall not be responsible for providing or failing to provide these optional work/life services.

For a more in-depth description of these services, please consult your sales representative.

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Signature of Authorized Officer

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Date

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Print Name and Title

I, \_\_\_\_\_, based upon reasonable inquiry concerning the Proposed Group Contract Holder's insurance objectives, financial situation and needs and other relevant information known to me, have reasonable grounds to conclude that the proposed purchase is not unsuitable for the proposed Group Contract Holder. Nothing contained herein shall be construed as a waiver of any Group Contract provision.

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Signature of Agent/Broker/Consultant

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City and State where agreement was signed

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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 that 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

Date

**Prudential**  **Financial**