Prudential

GROUP LIFE & DISABILITY ENROLLMENT/CHANGE CARD

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102

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 Contract No.	Claim Branch
Smith	John	D	Worcester Co. Brd of Edu	51586	010

Employee's Address	Occupation	Employee's Annual Salary $
1212 Fox Lane, Sleepy Hill, MD 53151	Teacher	

Social Security No.	Date of Birth	Date Employed				
212 - 33 - 5555	03 / 25 / 1988	08 / 31 / 2015	☑ Married	☐ Widowed	☑ Male	
			☐ Single	☐ Divorced	☐ Female	

Please mark the appropriate box according to your plan.

Type of Coverage	Amount	Effective Date	Type of Coverage	Amount	Effective Date
☑ Basic Term Life (Non Contrib.)		09-01-15	☐ Optional AD&D – Employee		
☐ Basic Dependent Spouse/Domestic Partner			☐ Optional AD&D – Employee and Family		
☐ Basic Dependent – Children			☐ Optional AD&D – Spouse/Domestic Partner		
☑ Employee Optional Term Life	50,000	09-01-15	☐ Optional AD&D – Children		
☑ Optional Term Life – Spouse/Domestic Partner	25,000	09-01-15	☐ Short Term Disability Employer-Paid		
☑ Optional Term Life – Children	10,000	09-01-15	☐ Short Term Disability Employee-Paid		
☑ AD&D (Non Contrib.)		09-01-15	☐ Long Term Disability Employer-Paid		
			☐ Long Term Disability Employee-Paid		

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

Primary Beneficiaries

First Name M	Last Name	Address	Relationship	DOB	SSN	Phone	%	Product
Mary S	Smith	1212 Fox Ln. Sleepy Hill, MD	Spouse	05/05/89	111-22-3333	410-555-1111	100	

☐ Trust ☐ Estate ☐ Corporation

Entity Name	Tax ID #/Tax Exempt #	Creation/Incorporation /Formation Date	Street Address	City	State, Zip Code	Phone	%	Product

Contingent Beneficiaries

First Name M	Last Name	Address	Relationship	DOB	SSN	Phone	%	Product
Joe D	Smith	123 Main St. Smalltown, MD	Father	01/02/1955	012-34-5678	410-555-8118	100	

☐ Trust ☐ Estate ☐ Corporation

Entity Name	Tax ID #/Tax Exempt #	Creation/Incorporation /Formation Date	Street Address	City	State, Zip Code	Phone	%	Product

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.

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

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.**

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.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

Employee Signature John D Smith Date (Month/Day/Year) 08 / 24 / 15

For residents of all states except Alabama, District of Columbia, Florida, Kentucky, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia 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.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

DISTRICT OF COLUMBIA and RHODE ISLAND RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information containing any fact material thereto commit a fraudulent insurance act, which is a crime.

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

PENNSYLVANIA and UTAH 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.

PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT 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.

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.

WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.