The Prudential Insurance Company of America

Evidence of Insurability

Instructions for Employer/Association

1. Complete the form below.
2. Also complete all sections of the form noted "PART A" including product related information as applicable to the plan(s) requiring medical evidence of insurability.
3. The entire package should then be given to your employee or member for completion of Part B.

In the space below, insert mailing address to which the notice of action should be sent.

Submitting Location: **Not Applicable (N/A)**

Employer/Association Name & Address:

State of Louisiana

123 Elm Street

Any City, Louisiana 12345

Group Contract No. **33624** Branch No. **N/A** (if applicable)

Signed for Employer/Association by:

Mary Smith
Name

HR Director
Title

101-222-3333
Telephone Number

2/1/01
Date

Prudential Financial

ONLY COMPLETE FOR THOSE EMPLOYEES WHERE EOI IS REQUIRED

Part A Employer/Association Information

Complete this page as applicable to the plan(s) requiring evidence of insurability, then give this package to the employee/member.

Employee/Member First Name: Jane   MI: P   Last Name: Doe

Date of Birth: 11 10 54   Social Security Number: 123–45–6789   Sex: ☐ Male ☒ Female

Street: 36 Palm Drive   Apt.

City: Any City   State: LA   ZIP code: 12345–6789

Date employee became eligible for benefits—for new employees this is the date of hire.

Date individual first became eligible for coverage(s)/amount(s) of insurance this form applies to: 07 01 01

Employee/Member Annual Earnings: $ 50,000

Is application being made for amounts above the Life non-medical maximum? Yes ☐ No ☐ N/A ☒

A late entrant is an applicant who applies for insurance or an increase in insurance after the initial eligibility date, typically 31 days.

Is application being made as a late entrant? Yes ☐ No ☒

Is application being made for dependents? Yes ☐ No ☒

Life/AD&D

Total Non-Medical Maximum $ N/A

To determine the Employee/Member eligible amount of insurance, please refer to the State supplied salary/insurance chart. Place this amount in the Total column. For a Dependent Spouse, please indicate in the first line any Current Amount inforce and in the second line any Additional or Initial amount applied for and add the two figures in the Total column.

	Current Amount Inforce	+	Addt'l or Initial Amount Requested	=	Total Amount
Employee/Member	$ 0	+	$ 50,000	=	$ 50,000
Spouse	$ 2,000	+	$ 2,000	=	$ 4,000
Child	$ EOI NOT REQUIRED	+	$ EOI NOT REQUIRED	=	$

Long Term Disability (This should always reflect a monthly benefit amount)

	Current Amount Inforce	+	Addt'l or Initial Amount Requested	=	Total Amount
Employee/Member	$ N/A	+	$ N/A /mo	=	$ N/A

($48,000 annual earnings / $4,000 per mo. / 50% plan)

Survivor Benefits Life

Although benefit applies to spouse & child; it is the employee who submits evidence of insurability.

	Current Amount Inforce	+	Addt'l or Initial Amount Requested	=	Total Amount
Spouse	$ N/A /mo	+	$ N/A /mo	=	$ N/A
Child	$ N/A /mo	+	$ N/A /mo	=	$ N/A

Weekly Disability Income/Accident & Sickness Benefit (This should always reflect a weekly benefit amount)

Amount $ N/A