



**▶ HELP PROTECT YOUR LOVED ONES—
AND YOUR INCOME**

State of Louisiana

**All Eligible Active and Retired Employees Including
Members of Boards and Commissions**

Basic Term Life with Matching AD&D Insurance

Basic Dependent Life Insurance

Basic Plus Supplemental Term Life Insurance with Matching AD&D

Basic Plus Supplemental Dependent Term Life Insurance

Coverages are issued by **The Prudential Insurance Company of America (Prudential)**



Summary of Benefits

State of Louisiana

**All Eligible Active and Retired Employees Including Members of Boards and Commissions
Basic Term Life, Basic Plus Supplemental Term Life, Basic Plus Supplemental Dependent
Term Life and Accidental Death & Dismemberment
Issued by The Prudential Insurance Company of America**

Basic Term Life

- 50% Employee Paid
- Purchase Basic Term Life for \$5,000. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
 - If enrolling when first eligible within the specified period of your date of hire, you can elect up to the guaranteed issue amount of \$5,000, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
 - If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
 - Coverage will be reduced as you age - to 75% at age 65 and to 50% at age 70.
 - Upon termination of employment, you (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.

Basic Plus Supplemental Term Life

- 50% Employee Paid
- **All Active and Retired Employees:** Purchase Basic Supplemental Term Life for 1.5 times your covered annual earnings to a maximum of \$50,000. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
 - **All Members of Boards and Commissions:** Purchase Basic Supplemental Term Life for \$20,000. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
 - If enrolling when first eligible within the specified period of your date of hire, you can elect up to the guaranteed issue amount of \$50,000, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.

- If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
- Coverage will be reduced as you age - to 75% at age 65 and to 50% at age 70.
- Upon termination of employment, you (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.

Spouse & Children- Basic Dependent Term Life

- 100% Employee Paid
- Purchase coverage for your spouse and children for either \$1,000 for your spouse and \$500 for your child(ren) or \$2,000 for your spouse and \$1,000 for your child(ren) **Please note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 100% of your Basic Term Life coverage amount.
 - If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$2,000, on your spouse, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
 - Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.

Spouse & Children- Basic Plus Supplemental Dependent Term Life

- 100% Employee Paid
- Purchase coverage for your spouse and children for either \$2,000 for your spouse and \$1,000 for your child(ren) or \$4,000 for your spouse and \$2,000 for your child(ren) **Please note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 100% of your Basic Term Life coverage amount.
 - If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$4,000, on your spouse, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
 - Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.

Employee - Accidental Death & Dismemberment

- 50% Employee Paid
- You are automatically enrolled for an equal amount of AD&D Insurance coverage when you enroll for Basic Plus Supplemental Term Life Insurance.
 - Benefits are paid at certain percentages of your coverage amount for specific accidental losses, as indicated in the chart below. Not more than 100% of your coverage amount is payable for all losses due to the same accident.

| | | | |
|---|------|---------------------------------------|-----|
| Life | 100% | Paraplegia | 75% |
| Sight in both eyes | 100% | Hemiplegia | 50% |
| Both hands or both feet | 100% | One hand or one foot | 50% |
| One hand & one foot | 100% | Sight in one eye | 50% |
| Sight in one eye & one hand or one foot | 100% | Speech | 50% |
| Speech & hearing in both ears | 100% | Hearing in both ears | 50% |
| Quadriplegia | 100% | Thumb & index finger on the same hand | 25% |

Seat Belt Benefit: The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Air Bag Benefit: The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Additional Benefits -

- Loss Due to Exposure and Disappearance Benefit
- Loss Due to Coma Benefit
- Return of Remains Benefit
- Felonious Assault Benefit
- Spouse Tuition Reimbursement Benefit
- Child(ren) Tuition Reimbursement Benefit
- Day Care Expense Benefit

- AD&D exclusions—A loss is not covered if it results from suicide or attempted suicide; intentionally self-inflicted injuries or an attempt at same; sickness; medical or surgical treatment of sickness; certain bacterial or viral infections (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances); act of war; certain full-time military duty; commission of, or attempt to commit a felony; legal intoxication or drug use; certain hazardous sports; injury rising out of, or in the course of, any work for wage or profit; certain travel or flight in a vehicle used for aerial navigation. This provision may vary by state. Refer to the plan booklet for details

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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Rates

State of Louisiana

All Eligible Active and Retired Employees Including Members of Boards and Commissions

Issued by The Prudential Insurance Company of America

The Life Insurance Premium Rates, effective 01/01/2020, can be accessed on the Office of Group Benefits website at: <https://info.groupbenefits.org>. Initial rates are based on age as of the effective date of your coverage. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed. Refer to the Basic Plus Supplemental Term Life section for evidence of insurability details. Rates may change as the insured enters a higher age category.

Spouse & Children - Basic Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available for either \$1,000 for your spouse and \$500 for your children or \$2,000 for your spouse and \$1,000 for your children, not to exceed 100% of your Basic Term Life coverage amount. Refer to the Basic Dependent Term Life section for evidence of insurability details. -

| | \$1,000/\$500 | \$2,000/\$1,000 |
|-------------------|---------------|-----------------|
| Spouse & Children | \$1.36 | \$2.72 |

Spouse & Children - Basic Plus Supplemental Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available for either \$2,000 for your spouse and \$1,000 for your children or \$4,000 for your spouse and \$2,000 for your children, not to exceed 100% of your Basic Plus Supplemental Term Life coverage amount. Refer to the Basic Plus Supplemental Dependent Term Life section for evidence of insurability details.

| | \$2,000/\$1,000 | \$4,000/\$2,000 |
|-------------------|-----------------|-----------------|
| Spouse & Children | \$2.72 | \$5.44 |



Rates may change if plan experience requires a change for all insureds.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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ENROLLMENT FORM –

Agency #
Control #

| | | | |
|---|-------------------------------|--|---------------------------------------|
| Employee General Information | | Effective Date of Coverage (for office use only) / / | |
| Last Name | First Name | MI | Email Address |
| Address | | City | State |
| | | | Zip Code |
| Your Annual Earnings \$ _____ | Social Security Number - - | Date of Birth (Month/Day/Year) / / | Date Employed (Month/Day/Year) / / |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | Spouse Date of Birth (Month/Day/Year) / / | |
| Basic Term Life With Matching Accidental Death & Dismemberment (AD&D) | | | |
| Enrollment in Employee AD&D coverage is automatic when electing Basic Term Life coverage. | | | |
| <input type="checkbox"/> Coverage amount chosen: \$5,000 | | <input type="checkbox"/> No coverage chosen | |
| Basic Plus Supplemental Term Life With Matching Accidental Death & Dismemberment (AD&D) | | | |
| Enrollment in Employee AD&D coverage is automatic when electing Basic Plus Supplemental Term Life coverage. | | | |
| <input type="checkbox"/> Coverage amount chosen: \$ | | <input type="checkbox"/> No coverage chosen | |
| Basic Dependent Term Life | | | |
| You must be enrolled for Basic Term Life to elect Basic Dependent Term Life coverage for your dependents. Spouse coverage cannot exceed 100% of your Basic Term Life coverage amount. Child(ren) coverage cannot exceed 100% of your Basic Term Life coverage amount. | | | |
| Spouse/Children <input type="checkbox"/> No coverage chosen | | | |
| <input type="checkbox"/> Coverage amount chosen: \$1,000/Children \$500 | | | |
| <input type="checkbox"/> Coverage amount chosen: Spouse \$2,000/Children \$1,000 | | | |
| Basic Plus Supplemental Dependent Term Life | | | |
| You must be enrolled for Basic Plus Supplemental Term Life to elect Basic Plus Supplemental Dependent Term Life coverage for your dependents. Spouse coverage cannot exceed 100% of your Basic Plus Supplemental Term Life coverage amount. Child(ren) coverage cannot exceed 100% of your Basic Plus Supplemental Term Life coverage amount. | | | |
| Spouse/Children <input type="checkbox"/> No coverage chosen | | | |
| <input type="checkbox"/> Coverage amount chosen: Spouse \$2,000/Children \$1,000 | | | |
| <input type="checkbox"/> Coverage amount chosen: Spouse \$4,000/Children \$2,000 | | | |

You must also complete a separate beneficiary designation form. If you have any questions, please see Human Resources for details.



ENROLLMENT FORM –

Control # _____

| Employee General Information | | | |
|---|------------|------------------------------------|--|
| Last Name | First Name | Middle Initial | Last 4 digits of Social Security No. XXX-XX-_____ |
| Acceptance or Waiver of Coverage | | | |
| <input type="checkbox"/> 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. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. | | | |
| <input type="checkbox"/> 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 satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents. | | | |
| <p>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 false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p>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 warning ONLY applies to accident and disability coverage.</p> <p>I have read and understand the terms and requirements of the fraud warnings included as part of this form.</p> <p>The policy/certificate provides limited benefits. Review your certificate carefully.</p> | | | |
| Employee Signature _____ | | Date Signed (Month/Day/Year) _____ | |
| <p>FOR INSURED WHO RESIDE IN MICHIGAN OR MINNESOTA ONLY – If you wish to enroll your Spouse and/or eligible child 18 years of age or older for Dependent Life and/or Accidental Death and Dismemberment Insurance coverage, your Spouse, and/or each of your eligible children age 18 years or older must consent to such coverage by signing and dating this consent in the appropriate space(s) below.</p> <p>Coverage on your Spouse and child(ren) age 18 or older will not become effective unless and until the requisite consent is provided.</p> | | | |
| Spouse Signature _____ | | Date Signed (Month/Day/Year) _____ | |
| Child Signature _____ | | Date Signed (Month/Day/Year) _____ | |
| Child Signature _____ | | Date Signed (Month/Day/Year) _____ | |

Accelerated Death Benefit Option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill or chronically ill. You may wish to seek professional tax advice before exercising this option.

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.



ENROLLMENT FORM –

Control #

| Employee General Information | | | |
|--|------------|----------------|--|
| Last Name | First Name | Middle Initial | Last 4 digits of Social Security No. XXX-XX-_____ |
| Important Notices | | | |
| <p>For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, 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.</p> <p>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.</p> <p>ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA 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.</p> <p>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 concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</p> <p>MAINE AND 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.</p> <p>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.</p> <p>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.</p> <p>NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>VIRGINIA RESIDENTS – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.</p> | | | |

Employees and/or Dependents may be ineligible for group insurance coverage while on active duty in the armed forces

Basic Term Life, Accidental Death & Dismemberment, Optional Term Life, Dependent Term Life, Long-Term Disability, Short-Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-842-1718. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/ Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

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Beneficiary Designation - State of Louisiana Agency # _____ Control # 33624

Employee General Information

| | | | |
|-----------|------------|----------------|---------------------|
| Last Name | First Name | Middle Initial | Social Security No. |
| _____ | _____ | _____ | ____ - ____ - ____ |

Employee/Applicant Beneficiary Designations (to be completed by employee/applicant or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. 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.

Basic Term Life or Basic Plus Supplemental Term Life, AD&D- Primary Beneficiary Designation

| | | | |
|------------------------|---------------|--------------|------------------|
| Last Name | First Name | MI | Telephone Number |
| | | | |
| Social Security Number | Date of Birth | Relationship | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

| | | | |
|----------------------------------|---|---------------------|------------|
| Check one, if applicable: | <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation | Entity Name: | |
| Tax ID #/Tax Exempt # | Creation/Incorporation/Formation Date | Telephone Number | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

| | | | |
|------------------------|---------------|--------------|------------------|
| Last Name | First Name | MI | Telephone Number |
| | | | |
| Social Security Number | Date of Birth | Relationship | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

| | | | |
|----------------------------------|---|---------------------|------------|
| Check one, if applicable: | <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation | Entity Name: | |
| Tax ID #/Tax Exempt # | Creation/Incorporation/Formation Date | Telephone Number | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

Basic Term Life or Basic Plus Supplemental Term Life, AD&D- Contingent Beneficiary Designation

- Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

| | | | |
|------------------------|---------------|--------------|------------------|
| Last Name | First Name | MI | Telephone Number |
| | | | |
| Social Security Number | Date of Birth | Relationship | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

| | | | |
|----------------------------------|---|---------------------|------------|
| Check one, if applicable: | <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation | Entity Name: | |
| Tax ID #/Tax Exempt # | Creation/Incorporation/Formation Date | Telephone Number | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

| | | | |
|------------------------|---------------|--------------|------------------|
| Last Name | First Name | MI | Telephone Number |
| | | | |
| Social Security Number | Date of Birth | Relationship | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

| | | | |
|----------------------------------|---|---------------------|------------|
| Check one, if applicable: | <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation | Entity Name: | |
| Tax ID #/Tax Exempt # | Creation/Incorporation/Formation Date | Telephone Number | Percentage |
| | | | |
| Street Address | City | State | Zip |
| | | | |

The above beneficiary designation only applies to: Basic Term Life, Basic Plus Supplemental Term Life, and AD&D

Employee Signature _____ **Date (mm/dd/yyyy)** _____

If you have any questions, please see Human Resources for details.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. Life Claims: 800-524-0542, Disability Support: 800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. Contract Series:83500. California COA # 1179 NAIC #68241

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