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
			Seafarers	**32011**	

Employee's Address	Occupation	Employee's Annual Salary
		$

Social Security No.	Date of Birth	Date Employed			
- -	/ /	/ /	☐ Married ☐ Single	☐ Widowed ☐ Divorced	☐ Male ☐ 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.)	**$4,000.00**		❑ Optional AD&D – Employee		
❑ Basic Dependent – Spouse			❑ Optional AD&D – Employee and Family		
❑ Basic Dependent – Children			❑ Optional AD&D – Spouse		
❑ Employee Optional Term Life			❑ Optional AD&D – Children		
❑ Optional Term Life – Spouse			❑ Short Term Disability Employer-Paid		
❑ Optional Term Life – Children			❑ Short Term Disability Employee-Paid		
☑ AD&D (Non Contrib.)	**$4,000.00**		❑ 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	MI	Last Name	Address	Relationship	Percentage	Product

Contingent Beneficiaries

First Name	MI	Last Name	Address	Relationship	Percentage	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 _____ Date (Month/Day/Year)_____ / _____ / _____

For residents of all states except District of Columbia, Florida, Kentucky, New Jersey, New York, Pennsylvania, 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.

DISTRICT OF COLUMBIA 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 I a crime**.**

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.

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.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

Employee Signature _____ **Date (Month, Day, Year)** _____

MICHIGAN RESIDENTS ONLY – If you wish to enroll your spouse and/or eligible child 18 years of age or older for $10,000 or more of Dependent Term Life Insurance coverage, your spouse and/or each of your eligible child age 18 years or older must acknowledge consent for such coverage below.

Spouse Signature _____ **Date (Month, Day, Year)** _____

Child Signature _____ **Date (Month, Day, Year)** _____

Child Signature _____ **Date (Month, Day, Year)** _____