

Group Life Insurance claim form

FOR BENEFICIARIES



To complete this form electronically:

Please call **800 524-0542** to request an electronic version of the form. We will send it to you using DocuSign.



To complete this form by hand:

Please complete this paper form and submit it by following the instructions on page 5.

We're so sorry to hear about your loss

Please accept our deepest condolences on your loss. Prudential is here to support you during this difficult time.

We've enclosed a Group Life Insurance claim form for the life insurance benefits. We're here to make this process as easy as possible.

If your claim is approved, one of the most important considerations is how you would like your claim to be settled.

You have three payment options

OPTION 1

Deposit into an Alliance Account



Making decisions in the face of loss can be overwhelming. Prudential's Alliance Account can make managing this process simple. It's a straightforward, secure way to manage and access your life insurance benefits. And you can hold the money in this account for as long as you like.



EASY ACCESS

Access your money anytime and withdraw as much or as little as you like.



INTEREST EARNING

Your money will start earning interest right away.



DEDICATED SUPPORT

Our team is just a phone call away to help you with any questions.



CONVENIENT AND FLEXIBLE

It's the easy choice.

OPTION 2

Receive a lump sum check

OPTION 3

Receive a bank transfer

How to make a claim

- 1 Please complete all sections of this form. Remember to sign and date in Section 5.
- 2 Return the form to us and **include a copy of the death certificate.**
- 3 We'll review your claim, and confirm that you are eligible to receive an insurance benefit.
- 4 We pay approved claims within approximately 10 calendar days.

Please note – this letter is not a guarantee of a group life insurance benefit payment.

Here to help you through this

Need support? Our dedicated Beneficiary Advocates are here to help. You can reach us at **800 524-0542** between the hours of 8 a.m. to 8 p.m. ET Monday-Friday.

Group Life Insurance claim form

FOR BENEFICIARIES

PART 01 About you

(*) indicates required information

1.1 Your details*

First name:			
MI		Last name:	
Relationship			
Date of birth: mm-dd-yyyy			

TIN:

You must include a Taxpayer Identification Number (TIN) for the beneficiary. This is:

- **A Social Security number (SSN)** if the beneficiary is an individual or the owner of a sole proprietorship.
- **The employer identification number (EIN)** if you represent a trust, estate, corporation, partnership, or tax-exempt organization.
- **The TIN of the grantor/trustee** if you represent a grantor trust, or that of the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.
- If you are a guardian completing this form for someone else, including a minor, be sure to provide that person's SSN.

1.2 Contact details*

Street:			
City:			
State:		ZIP:	
Home phone:			
Mobile phone:			
Email:			

1.3 Contact preferences*

How would you like us to contact you?
(Check all that apply.)

- U.S. mail
 Email
 Text alerts
 Phone

- I consent to receive claims communications emails and/or text messages (SMS - Short Messaging Service) as indicated above. Please see page 7 About Electronic Claims Communications for more details.

PART 02 About the deceased

(*) indicates required information

2.1 Deceased details*

First name:			
MI		Last name:	
Social Security number:			
Date of birth: mm-dd-yyyy			
Date of death: mm-dd-yyyy			

2.2 Other details*

Control number:	
Deceased's employer name:	





PART 03

Choose a payment option¹

OPTION 1

Deposit into an Alliance Account

A simple, secure way to manage and access your insurance benefits.

You can hold the funds in the account for as long as you like, and even designate a beneficiary to leave it to if you choose. You're in control.

How does it work?

If you choose this option your life insurance benefit will be deposited into your new Alliance Account as soon as the claim is paid, and begin earning interest right away.

For all the details, please see **page 4**.

OPTION 2

Receive a single lump sum check

OPTION 3

(* indicates required information)

Transfer funds directly to your bank account via EFT (Electronic Funds Transfer)

i Please complete the details below and attach a voided check with your completed form.

3.1 Bank details*

Bank name:	<input type="text"/>	Branch phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank transit routing number:	<input type="text"/>	Account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings					
Bank account number:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>				

3.2 Account owner's details and authorization*

I authorize The Prudential Insurance Company of America (Prudential) to make electronic deposits of my Group Life Plan Insurance Death Claim proceeds into the above account. I understand that any deposit made to an inactive account agreement will be returned to Prudential and payment will be reissued in a lump sum as stipulated in the insured's Certificate of Insurance. In addition, if any overpayment of such Death Claim proceeds is credited to this account in error, I authorize Prudential to withdraw the difference between the benefit amount paid and the recalculated amount of the benefit actually due under the terms of the insurance coverage. My eligibility for any such benefits is governed by the terms and conditions of the Group Life Policy, and nothing in this Authorization shall be deemed to be an approval of any such benefits.

This authorization is valid indefinitely until such time as I provide written notice of cancellation to Prudential. Any notice hereunder will not be deemed effective until three business days after Prudential has received my written notice.

First name:	<input type="text"/>	Telephone number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MI:	<input type="text"/>	Last name:	<input type="text"/>						
Street:	<input type="text"/>								
City:	<input type="text"/>								
State:	<input type="text"/>	ZIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Prudential has the information necessary to process your claim and you do not provide your payment preference by the 14th day after the date on your claim package, you will receive an Alliance account in most states unless state law requires us to pay you by check. If you need immediate assistance, please contact us at 800-524-0542.

¹ Funds are paid net of any assignments, e.g.: funeral home. A funeral home assignment is an agreement to pay the funeral home with a portion (or all) of your benefit amount before any remainder is paid to you.





PART 03

How does the Alliance Account work?

Your funds: All funds are held within Prudential's general account. It is not Federal Deposit Insurance Corporation (FDIC) insured because it is not a bank account or a bank product. Funds held in the Alliance Account are guaranteed by State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) at 703-481-5206 to learn more about coverage limitations on your accounts. State guaranty fund coverages are not determined by the insurance company. Prudential may derive investment income on funds held in its general account.

Beneficiary designation: After electing an Alliance Account, you may designate a beneficiary for your account by completing and returning the beneficiary designation in your Alliance Account kit.

How interest is earned: The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time, subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your Alliance Account statement. You may also check your current crediting rate anytime by reviewing your Alliance Account online. The interest rate credited to the Alliance Account is set by Prudential and is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short-term demand deposit accounts, bank money market rates, and Federal Reserve interest rates) and may be more or less than the rate Prudential earns on the funds in the account.

Account statements: You will receive regular statements based on your account usage: monthly statements for accounts with withdrawals or deposits in the same month or quarterly for all other accounts. The statement will show your current balance, the interest you earned, the drafts you have written, your current interest rate, and any other account activity.

Special service fees: There are no monthly service fees or per draft charges associated with the Alliance Account however there are fees for special services, which are subject to change, and include stop payments (\$12 per draft/\$25 maximum for three or more per day), cashed draft copy or statement copy (\$2 per draft), drafts returned for insufficient funds (\$10 per draft) and overnight delivery (based on carrier's charge).

Minimum balance: If the balance falls below \$250, you will receive a check for the remaining balance plus interest at the end of the monthly cycle in which the balance fell below \$250. You can close the Alliance Account at any time by calling the Customer Service office. A check for the remaining balance and interest will be sent to you. Or, you can close the account by writing an Alliance draft for the balance and cashing it or depositing it at your own bank. Since interest accrues daily, a check for the remaining accrued interest will be sent to you.

Inactive accounts: State law requires that if there is no account activity and we have had no contact with you regarding your Alliance Account after a number of years (time period varies by state), your Alliance Account may be considered "dormant." If your Alliance Account becomes "dormant," you will be mailed a check for the remaining balance plus interest, at your last address shown on our records. If you do not cash that check in a timely manner, your funds will be transferred to the state as unclaimed property. If your funds are transferred to the state, you may claim those funds from the state but you may be charged a fee by the state. Once your funds are transferred to the state, we no longer have any liability or responsibility with respect to your Alliance Account.

Preservation of other settlement options: Once funds are deposited into an Alliance Account, payment can no longer be made to you via a lump sum check or EFT. To access the entire benefit amount, including any accrued interest, simply write yourself a draft for the balance of your account and cash or deposit it at a financial institution of your choice.

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. Alliance Account balances are not insured by the FDIC. The Bank of New York Mellon is not a Prudential Financial company.





PART 04 Tax certification

Please complete any applicable portions of (a) or (b). See Definitions below for more information.

a. Under penalties of perjury, I certify that:

- I am a U.S. person (including resident alien);
- The Social Security/Tax ID number provided in Part A above is my correct SSN/TIN;
- I am not subject to backup withholding due to failure to report interest or dividend income; and
- I am not subject to FATCA reporting.

b. Check the boxes below, if applicable:

I am not a U.S. person (including resident alien).

I am a citizen of:	
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Attach the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY).

- I am subject to backup withholding due to the failure to report interest or dividend income (see "Backup Withholding" in the Tax Certification Information section)
- I am subject to FATCA reporting

Definitions

Backup withholding

You must tell us if the IRS has notified you that you are subject to backup withholding because you didn't report all your taxable interest and dividends on your tax return. You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding.

Foreign Account Tax Compliance Act (FATCA)

Any entity making a payment of U.S. source income must consider whether it is subject to FATCA. A payor must collect documentation about the payee's status or withhold at 30%. Non-taxable payments, such as income tax-free death benefits from non-qualified life insurance contracts, are not subject to FATCA.

Citizenship

You must indicate if you are not a U.S. person (including resident alien). In that case, you must state the country in which you are a citizen and submit the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most situations, the IRS Form W-8BEN will be the appropriate IRS Form W-8.

PART 05 Signature

(*) indicates required information

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.

Beneficiary's or claimant's signature*:	
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Date*: mm/dd/yyyy									
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Submit the form



Submit by mail

The Prudential Insurance Company of America Beneficiary Services
P.O. Box 70182 Philadelphia, PA 19176



Submit by email

grouplifeclaims@prudential.com



Submit by fax

844-625-7807





About electronic claims communication

Prudential provides electronic claim communication as a convenience to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving electronic claim communications. By agreeing to the terms of this Agreement, you are consenting to receive claim communications; such communications will be sent to the current email address we have on file for you.

If you agree to receive claim communications by text message (SMS - Short Messaging Service), you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by Prudential or any of its affiliates. There may be other third-party costs for Internet access fees or text message (SMS) charges that are not reimbursable by Prudential or any of its affiliates.

We will continue to deliver information in writing to you by U.S. mail where required by law or requested by you. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling our Beneficiary Services Department 800 524-0542.

Important information for residents of Colorado, Illinois, and Louisiana

COLORADO RESIDENTS – Funds held by insurance companies are guaranteed by the Colorado Life and Health Insurance Protection Association, but are not guaranteed by the Federal Deposit Insurance Corporation (FDIC). Please contact the Colorado Life and Health Insurance Protection Association (www.colifega.org), the National Organization of Life and Health Guaranty Associations, or the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations to your account.

ILLINOIS RESIDENTS – Payment on accidental death and dismemberment claims made after 31 days from the day we receive proof of accidental death or dismemberment of the Insured, under the policies issued in Illinois, will include interest at the rate of 10% per year. The interest will be payable from the date of accidental death or dismemberment to the date of payment.

LOUISIANA RESIDENTS – The Louisiana Department of Insurance is located at 1702 N. 3rd Street, Baton Rouge, LA 70802 and can be reached by calling 800-259-5300. Written inquiries can be sent to the Louisiana Department of Insurance, Post Office Box 94214, Baton Rouge, LA 70804.

Claim fraud warnings

For residents of all states and jurisdictions except Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, the District of Columbia, Florida, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington and West Virginia; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he or she 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.

ALASKA RESIDENTS - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA RESIDENTS – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MASSACHUSETTS, RHODE ISLAND and WEST VIRGINIA 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.

CALIFORNIA and TEXAS RESIDENTS – For your protection, California and Texas law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.





Claim fraud warnings (continued)

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

IDAHO RESIDENTS – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA RESIDENTS – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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.

MAINE, TENNESSEE, VIRGINIA, and WASHINGTON RESIDENTS – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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.

MINNESOTA RESIDENTS – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE RESIDENTS – Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

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.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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.

OHIO RESIDENTS – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON RESIDENTS – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurance company, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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.



Frequently asked questions

Where can I get support?

The loss of a loved one is indeed a time of great sadness. It also may be a time of uncertainty and confusion on what to do next. We understand this, and that's why we developed a Beneficiary Support Center to help you through these difficult times. The Beneficiary Support Center is an online resource hub that includes: information on funeral planning, a list of key tasks you may need to address in the wake of the loss of a loved one, and financial, legal and emotional support resources. These resources can be accessed at <https://www.prudential.com/personal/life-insurance/beneficiaries/>. They are available at no cost to, or commitment from, you and your loved ones.

How can I submit the necessary claim documentation?

Documents may be submitted by using one of these options:

- **Email** – Scan the documents and email them to grouplifeclaims@prudential.com.
- **Fax** – Use our secure fax line: 844 625-7807.
- **Mail** – Use the enclosed self-addressed return envelope that was provided or mail to:
The Prudential Insurance Company of America
Beneficiary Services
P.O. Box 70182
Philadelphia, PA 19176

Note: Please include your claim number on all documents you submit.

What is generally required to process a life insurance claim?

Complete the enclosed Group Life Claim Form and submit it with a death certificate. The Group Life Claim Form and death certificate may be submitted by any one of the options listed above. A certified copy of the death certificate is required for claims over \$1,000,000 and must be submitted by mail. Only one beneficiary needs to provide a copy of the death certificate when submitting a claim for life insurance benefits. If additional information is needed to complete the processing of your claim, Prudential will notify you.

What is the benefit amount of the life insurance policy?

The benefit amount cannot be provided until the claim process is completed.

Are the life insurance benefits taxable?

Generally, life insurance benefits are not taxable. However, you may be taxed on any accrued interest. Prudential cannot provide tax advice. Please consult a tax professional for information on the taxability of any life insurance benefits.

How will the life insurance benefits be paid to me?

You must select your desired method of payment under Part 3 on the Group Life Claim Form.

- **Prudential Alliance Account** – Please refer to page 3 of the Group Life Claim Form.
- **Single Lump Sum Check** – Receive a single lump sum check--for all funds.
- **EFT** – If selecting the Electronic Funds Transfer option, be sure to complete and sign page 3 of the Group Life Claim Form with your banking information.

Are there other beneficiaries of this life insurance coverage?

Each beneficiary has a right to his or her privacy. Therefore, we are unable to release any information about other beneficiaries.

What is required if I want a payment made directly to the funeral home?

If you would like all or a portion of the life insurance benefits payable to you to be paid to a funeral home, please contact the funeral home. Generally, the funeral home director will request that you sign a funeral home assignment. The assignment, an itemized bill, and the completed Group Life Claim Form, must be provided to Prudential prior to the processing and payment of the life insurance benefits. Note: Funeral Home Assignments cannot be honored when completed by a minor beneficiary.

What is needed to process a life insurance claim if the beneficiary is a trust?

In addition to a death certificate and completed Group Life Claim Form, a complete copy of the trust is required.

What is needed to process a life insurance claim if the beneficiary is an estate?

In addition to the death certificate and completed Group Life Claim Form, a copy of the Letters of Administration issued by the court designating an administrator or personnel representative for the estate is required.

What is needed to process a life insurance claim if the beneficiary is a minor?

In addition to the death certificate and completed Group Life Claim Form, a court order appointing someone as guardian of the minor's estate is required. This applies even if you are the parent of the minor.

Where can I get additional forms if I need them?

All forms are also available online at www.prudential.com/giemployeeforms. You may also contact Prudential's Beneficiary Services Department at **800 524-0542**.

How do I check the status of my life insurance claim?

Contact Prudential's Customer Service Center at **800 524-0542**. From outside of the United States call **215 784-2823**. We are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.

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