



# GROUP INSURANCE INTERNET SERVICES SIGN-UP FORM

## INSTRUCTIONS

- **Step 1: Account Level Information**

Your Prudential resource will prepopulate the information known to them, prior to releasing this form to you. Please supply any additional information and the authorizer's signature at the top of the form.

The authorizer is the individual who can determine which employees should have internet access to their plan data, typically Human Resources or a benefits manager. For security reasons, once a year this person will be required to perform a review of current users with access to their plan data.

- **Step 2: User Access Information & Internet Services Access**

Please complete a row for each user that should have access to the information on the Prudential Employer Portal.

### Individual Information Required to establish access to the Employer Portal:

- **Full Name:** Format: First, Last.
- **Last 4 SSN/PIN:** Four-digit number that the user has provided and will remember. Used for authentication purposes such as password resets. It should be noted that if another number is chosen, and a password reset is needed, the prompt will be the last four of SSN.
- **Telephone Number:** Used for authentication and claim filing.
- **Email Address:** Address used when creating the ID and forward the newly created User ID and password along with available reports. Generic email addresses should not be used for multiple users as this could result in a privacy violation.
- **Relevant Date:** This date is used for authentication during password resets.
- **Relevant Date Description:** This information is used to prompt the recall of the relevant date when authentication is needed. (e.g. Birthday/Wedding Anniversary)

| Employer Portal Area   | Access Allows Users To:   |
|--|---|
| <b>Onboarding and Document Center:</b>   | View onboarding and other administrative materials. Can be restricted by one or more of the following: contracts only, contracts and certificates, certificates only, and or administrative materials only.   |
| <b>Life Claims and Reporting:</b>  | Report and/or check the status of a Life Claim. Access to this portion of the portal can be provided for both Claim Reporting and Claim Submission or it can be restricted to Claim Reporting only.   |
| <b>Billing:</b>  | Preview and pay their bill along with add and remove employees. Access can be granted for all groups and branches or by individual groups and/or branches. Each bill/Group that will be internet billed must have at least one user. If a bill group/branch would like to switch to internet billing, please contact your Prudential representative for assistance. |
| <b>Disability Claims and Reporting:</b>  | Report and/or check the status of a Disability Claim. Access to this portion of the portal can be provided for claim reporting and claim submission information or it may be restricted to one or the other.  |
| <b>Chronology Viewability for Accommodation Medical Inquiry Form (AMI) and Medical Certification (Med Cert) Form on Absence Only Claims:</b> | View Accommodation Medical Inquiry and/or Medical Certification forms on absence only claims through a claimant's chronology. Specific access should be restricted to those who require this level of information for their day-to-day responsibilities. Due to the sensitivity of this information, files can not be shared with unauthorized individuals.         |
| <b>Specialty Reporting (Disability Only)</b>   | Access to Tax and Deduction reporting. This reporting is available on Disability products only and can be restricted to none, one or both types of reports. It is only available for Disability Products.   |
| <b>EOI (Medical Underwriting):</b>   | View the status of the employees Evidence of Insurability forms. Access to this portion of the portal is only available for customers where evidence of insurability applies. You can grant access for all branches or restrict it to specific branches.  |
| <b>Voluntary Benefits:</b>   | View full employee roster along with dependent information; View employee current and historical coverage information; View and upload employer documents; View and pay bills, set up one time or recurring payments.   |



## Client Information

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Client/Group Name

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Client Group Address

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Client Control/Group Number

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Authorizer

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Authorizer's Email

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Account Executive

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Account Manager

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Desired Effective Date

## APPLICATION AUTHORIZATION

By completing and signing this form we confirm the following statements:

- We agree to the usage of electronic transactions and electronic records for current and future transactions pertaining to the Employer group life/disability coverages conducted through the [www.prudential.com](http://www.prudential.com) internet site, effective on the date we click the "submit" button.
- We understand that we have the right to withdraw such consent at any time as set forth below.
- We understand that this access only provides access to us, and any agent or vendor acting on our behalf, to information we are authorized to access under applicable state and federal laws.
- We understand that we have the option to print and retain paper copies of any electronic records generated and to obtain paper copies of any electronic records generated during website transactions concerning these coverages.
- We understand that to obtain paper copies of electronic records kept by Prudential concerning these coverages, or to withdraw its consent to usage of electronic records, we must contact Prudential as set forth below.
- We understand that in the event its contact information changes or any error is detected, we must immediately notify Prudential of the changes via the Contact Us section of the [www.prudential.com](http://www.prudential.com) internet site, or by contacting a Prudential representative.

We understand that to access and conduct transactions relating to group coverages via the [www.prudential.com](http://www.prudential.com) internet site, we must have access to a personal computer, which is capable of supporting internet access and compatible browser application.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizer Name

\_\_\_\_\_  
Title of Authorizer



## Employer Portal Options—User Access Information

| USER 1   |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                   | <b>Individual Name</b>   | <b>Last 4 SSN or PIN</b>   | <b>Email Address</b>  | <b>Phone Number</b>   |   |
| <b>Company Name</b>  | <b>Check if User is a Broker/Producer</b><br><input type="checkbox"/> Broker/Producer                            | <b>Relevant Date</b>   | <b>Relevant Date Description</b>  | <b>Onboarding/ Document Ctr Access</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
|  |  |  |   | <b>Voluntary Benefits</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.         |  |  |   |   |   |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br><b>Details:</b> | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> |

| USER 2   |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                   | <b>Individual Name</b>   | <b>Last 4 SSN or PIN</b>   | <b>Email Address</b>  | <b>Phone Number</b>   |   |
| <b>Company Name</b>  | <b>Check if User is a Broker/Producer</b><br><input type="checkbox"/> Broker/Producer                            | <b>Relevant Date</b>   | <b>Relevant Date Description</b>  | <b>Onboarding/ Document Ctr Access</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
|  |  |  |   | <b>Voluntary Benefits</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.         |  |  |   |   |   |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br><b>Details:</b> | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> |



## Employer Portal Options—User Access Information—Continued

| USER 3  |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete            | Individual Name   | Last 4 SSN or PIN   | Email Address   | Phone Number  |  |
| Company Name  | Check if User is a Broker/Producer<br><br><input type="checkbox"/> Broker/Producer                        | Relevant Date   | Relevant Date Description   | Onboarding/ Document Ctr Access<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Voluntary Benefits<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.  |   |   |   |   |  |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br>Details:                    | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: |

| USER 4  |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete            | Individual Name   | Last 4 SSN or PIN   | Email Address   | Phone Number  |  |
| Company Name  | Check if User is a Broker/Producer<br><br><input type="checkbox"/> Broker/Producer                        | Relevant Date   | Relevant Date Description   | Onboarding/ Document Ctr Access<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Voluntary Benefits<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.  |   |   |   |   |  |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br>Details:                    | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: |



## Employer Portal Options—User Access Information—Continued

| USER 5   |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete               | <b>Individual Name</b>   | <b>Last 4 SSN or PIN</b>   | <b>Email Address</b>  | <b>Phone Number</b>   |   |
| <b>Company Name</b>  | <b>Check if User is a Broker/Producer</b><br><input type="checkbox"/> Broker/Producer                        | <b>Relevant Date</b>   | <b>Relevant Date Description</b>  | <b>Onboarding/ Document Ctr Access</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Voluntary Benefits</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.     |  |  |   |   |   |
| <b>Life Claims and Reporting</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Billing</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Disability Claims and Reporting</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Absence Only Claims:</b><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br><b>Details:</b> | <b>EOI (Medical UW)</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> |

| USER 6   |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete               | <b>Individual Name</b>   | <b>Last 4 SSN or PIN</b>   | <b>Email Address</b>  | <b>Phone Number</b>   |   |
| <b>Company Name</b>  | <b>Check if User is a Broker/Producer</b><br><input type="checkbox"/> Broker/Producer                        | <b>Relevant Date</b>   | <b>Relevant Date Description</b>  | <b>Onboarding/ Document Ctr Access</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Voluntary Benefits</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.     |  |  |   |   |   |
| <b>Life Claims and Reporting</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Billing</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Disability Claims and Reporting</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Absence Only Claims:</b><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br><b>Details:</b> | <b>EOI (Medical UW)</b><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> |



## Employer Portal Options—User Access Information—Continued

| USER 7   |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                   | <b>Individual Name</b>   | <b>Last 4 SSN or PIN</b>   | <b>Email Address</b>  | <b>Phone Number</b>   |   |
| <b>Company Name</b>  | <b>Check if User is a Broker/Producer</b><br><input type="checkbox"/> Broker/Producer                            | <b>Relevant Date</b>   | <b>Relevant Date Description</b>  | <b>Onboarding/ Document Ctr Access</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
|  |  |  |   | <b>Voluntary Benefits</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.         |  |  |   |   |   |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br><b>Details:</b> | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> |

| USER 8   |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete                   | <b>Individual Name</b>   | <b>Last 4 SSN or PIN</b>   | <b>Email Address</b>  | <b>Phone Number</b>   |   |
| <b>Company Name</b>  | <b>Check if User is a Broker/Producer</b><br><input type="checkbox"/> Broker/Producer                            | <b>Relevant Date</b>   | <b>Relevant Date Description</b>  | <b>Onboarding/ Document Ctr Access</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
|  |  |  |   | <b>Voluntary Benefits</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.         |  |  |   |   |   |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br><b>Details:</b> | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br><b>Details:</b> |



## Employer Portal Options—User Access Information—Continued

| USER 9  |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete            | Individual Name   | Last 4 SSN or PIN   | Email Address   | Phone Number  |  |
| Company Name  | Check if User is a Broker/Producer<br><br><input type="checkbox"/> Broker/Producer                        | Relevant Date   | Relevant Date Description   | Onboarding/ Document Ctr Access<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Voluntary Benefits<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.  |   |   |   |   |  |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br>Details:                    | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: |

| USER 10   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>Action</b><br><input type="checkbox"/> Add <input type="checkbox"/> Modify<br><input type="checkbox"/> Delete            | Individual Name   | Last 4 SSN or PIN   | Email Address   | Phone Number  |  |
| Company Name  | Check if User is a Broker/Producer<br><br><input type="checkbox"/> Broker/Producer                        | Relevant Date   | Relevant Date Description   | Onboarding/ Document Ctr Access<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Voluntary Benefits<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.  |   |   |   |   |  |
| <b>Life Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Billing</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Disability Claims and Reporting</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: | <b>Absence Only Claims:</b><br><br><input type="checkbox"/> AMI Form<br><input type="checkbox"/> Medical Certification Form | <b>Specialty Reporting (Disability Only)</b><br><br><input type="checkbox"/> Tax Reporting<br><input type="checkbox"/> Deduction Reporting<br><br>Details:                    | <b>EOI (Medical UW)</b><br><br><input type="checkbox"/> All<br><input type="checkbox"/> Restricted<br><br>Details: |