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)

![Prudential logo]

Employer Portal Area	Access Allows Users To:
Onboarding and Document Center:	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.
Life Claims and Reporting:	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.
Billing:	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.
EOI (Medical Underwriting):	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.
Disability Claims and Reporting:	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.
OneLeave Explorer (for Pru Absence)	Access to Prudential's leave planning tool will allow authorized users ability to review any Short-Term Disability and Leave of Absence plan design with Prudential for your group. OneLeave Explorer, is a pre-claim educational resource and provides an estimated benefit timeline for upcoming leaves for own health condition, parental, and care of family member reasons. Do not authorize users if they are not allowed to view all plan designs.
ADA Leave Recommendation Letters	Ability to view Prudential's ADA Leave Accommodation Recommendations via Benefit Center's claim 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.
Return to work Capability Form View	Ability to view Prudential's Employer Review Capability Form via Benefit Center's claim Chronology. This form is completed by the treating provider and provides details pertaining to an employee's return to work capability. 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. This form will be requested by the treating provider on a case-by-case basis. It is not a form that is required on every claim.
Chronology Viewability for Accommodation Medical Inquiry Form (AMI) and Medical Certification (Med Cert) Form on Absence Only Claims:	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.
Specialty Reporting (Disability Only)	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.
Voluntary Benefits:	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.

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Client Information

Client/Group Name

Client Group Address

Client Control/Group Number

Authorizer

Authorizer's Email

Account Executive

Account Manager

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 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 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 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

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Employer Portal Options—User Access Information

User 1

Action	Individual Name	Last 4 SSN or PIN	Phone Number	Email Address
Add Modify Delete				

Check if User is a Broker/Producer	Relevant Date	Relevant Date Description	Onboarding/ Document Ctr Access	Return to Work Capability Form
Broker/Producer			Yes No	Yes No

For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.

Life Claims and Reporting	Billing	EOI (Medical UW)	Disability Claims and Reporting	Absence Claim View	Specialty Reporting (Disability Only)
All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	AMI Form Medical Certification Form OneLeave Explorer ADA Leave Recommendation Letters	Tax Reporting Deduction Reporting *Details:*

User 2

Action	Individual Name	Last 4 SSN or PIN	Phone Number	Email Address
Add Modify Delete				

Check if User is a Broker/Producer	Relevant Date	Relevant Date Description	Onboarding/ Document Ctr Access	Return to Work Capability Form
Broker/Producer			Yes No	Yes No

For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.

Life Claims and Reporting	Billing	EOI (Medical UW)	Disability Claims and Reporting	Absence Claim View	Specialty Reporting (Disability Only)
All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	AMI Form Medical Certification Form OneLeave Explorer ADA Leave Recommendation Letters	Tax Reporting Deduction Reporting *Details:*

Employer Portal Options—User Access Information—Continued

User 3

Action	Individual Name	Last 4 SSN or PIN	Phone Number	Email Address
Add ___ Modify ___ Delete				

Check if User is a Broker/Producer	Relevant Date	Relevant Date Description	Onboarding/ Document Ctr Access	Return to Work Capability Form
Broker/Producer			Yes ___ No	Yes ___ No

For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.

Life Claims and Reporting	Billing	EOI (Medical UW)	Disability Claims and Reporting	Absence Claim View	Specialty Reporting (Disability Only)
All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	AMI Form Medical Certification Form OneLeave Explorer ADA Leave Recommendation Letters	Tax Reporting Deduction Reporting *Details:*

User 4

Action	Individual Name	Last 4 SSN or PIN	Phone Number	Email Address
Add ___ Modify ___ Delete				

Check if User is a Broker/Producer	Relevant Date	Relevant Date Description	Onboarding/ Document Ctr Access	Return to Work Capability Form
Broker/Producer			Yes ___ No	Yes ___ No

For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.

Life Claims and Reporting	Billing	EOI (Medical UW)	Disability Claims and Reporting	Absence Claim View	Specialty Reporting (Disability Only)
All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	AMI Form Medical Certification Form OneLeave Explorer ADA Leave Recommendation Letters	Tax Reporting Deduction Reporting *Details:*

User 5				
Action Add Modify Delete	**Individual Name**	**Last 4 SSN or PIN**	**Phone Number**	**Email Address**
Check if User is a Broker/Producer Broker/Producer	**Relevant Date**	**Relevant Date Description**	**Onboarding/ Document Ctr Access** Yes No	**Return to Work Capability Form** Yes No

For any areas identified as restricted, specify branch numbers or bill group numbers to which the user should have access.

Life Claims and Reporting	Billing	EOI (Medical UW)	Disability Claims and Reporting	Absence Claim View	Specialty Reporting (Disability Only)
All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	All Restricted *Details:*	AMI Form Medical Certification Form OneLeave Explorer ADA Leave Recommendation Letters	Tax Reporting Deduction Reporting *Details:*