

# Life Insurance Claim Form

## 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 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 four 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 (**2.44%** as of the date this form was provided to you) 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

Annuity payout option

#### OPTION 3

Receive a bank transfer

#### OPTION 4

Receive a lump-sum check

### How to make a claim

- 1 Please ensure all sections of this claim form are completed, **including signing and dating Part G.**
- 2 Return the completed form to us and **include a certified copy of the death certificate.**
- 3 We'll review your claim, and confirm that you are eligible to receive an insurance benefit.

**Note:** Each beneficiary must complete and return a separate claim form, but only one certified death certificate is needed.

## Here to help you through this

**Need support?** Our dedicated Beneficiary Advocates are here to help. You can reach us at **(800) 496-1035** between the hours of 8:00 a.m. to 8:00 p.m. ET Monday-Friday.

For additional helpful information and resources for those who have recently experienced a loss, please follow this link or scan the QR code



**Online Beneficiary Support:**

[www.prudential.com/beneficiaries/wellnessjournal/](http://www.prudential.com/beneficiaries/wellnessjournal/)

## Submit the form



#### Submit by mail

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



#### Submit by email

ILIClaims@prudential.com



#### Submit by fax

(844) 625-7807

# Life Insurance Claim Form

## PART A

(\*) indicates required information

### About you - Complete the applicable subsection (individual beneficiary-1a or entity-1b)

#### 1a. Death claim proceeds are being claimed by an individual (not an entity)\*

First name:			
MI:		Last name:	
SSN:			
Relationship to deceased:			
Date of birth: mm/dd/yyyy			

#### 2. Address Information:\*

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

#### Contact preferences\*

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

☐ Email ☐ Text alerts ☐ Phone ☐ U.S. mail

☐ I consent to receive claims communications emails and/or text messages (SMS - Short Messaging Service) as indicated above. Please see page 9 About Electronic Claims Communications for more details.

#### 1b. Death claim proceeds are being claimed by an entity (e.g., trust, assignee, estate, corporation)\*

Entity name:			
Entity SSN, TIN or EIN:			
First name:			
MI:		Last name:	
Relationship to entity:			

☐ I am the Assignee (Specify amount you are claiming)

☐ I am the Trustee (Attach a copy of trust agreement)

☐ Check if any beneficiaries are considered a "skip person" by the Internal Revenue Code. See instructions in page 9

Please enclose any supporting documents including those outlined in the instructions document.

#### Taxpayer Identification Number (TIN):

You must include a TIN for the beneficiary. This is:

- A Social Security number (SSN) if the beneficiary is an individual or the owner of a sole proprietorship.
  - If you are a guardian completing this form for someone else, including a minor, be sure to provide that person's SSN.
- 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.





**PART B**

(\*) indicates required information

## About the Deceased\*

Provide information about the deceased. If you're not aware of any other names, leave that line blank.

First name:

MI:

Last name:

In order for us to identify additional policies, provide any other names by which the deceased may have been known (e.g., name changes)

Date of birth:  
mm/dd/yyyy

Date of death:  
mm/dd/yyyy

**PART C**

## About the Policy\*

Provide all the policy number(s) for which you are making a claim. The policy number(s) will be an 8- or 9-digit number and may include letter prefixes (e.g., X12345678).

Policy numbers:

Policy numbers:

Policy numbers:

Policy numbers:

Policy numbers:





## PART D

## How to Receive Your Funds

For information about all payment options, please refer to  
Understanding Your Payment Options on page 9.

In order to meet your specific needs, we offer several payment options for you to receive your life insurance death benefit. Please choose one. If a payment option is not selected, the payment will default to a single lump sum check.

**NOTE: You can also pay the funeral home directly.** You must submit a copy of the funeral home assignment and bill with this form to do so. Any remaining proceeds will be applied based on your selection below.

☐ **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, or withdraw them all at any time. You can even designate a beneficiary 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 will begin earning interest (**2.44%** as of the date this form was provided to you) right away. For all the details, please see **page 7**.

☐ **OPTION 2****Select an Annuity payout option below:**

<input type="radio"/> <b>Life Income</b>	Monthly payments to you for life.
<input type="radio"/> <b>Life Income with a Certain Period (years)</b> <input type="radio"/> 5 <input type="radio"/> 10 <input type="radio"/> 15 <input type="radio"/> 20 <input type="radio"/> Installment refund	Monthly payments to you for life with a certain period of guaranteed payments to you or your named beneficiary.
<input type="radio"/> <b>Fixed Period</b> No. of Years _____ <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual	Payment for an elected number of years, with the right to withdraw the present value of unmade payments.
<input type="radio"/> <b>Fixed Amount</b> Amount \$ _____ <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual	Payments of a selected amount until the proceeds and interest earned are fully paid to you, with the right to withdraw the unpaid balance.

If death benefits are paid by way of this settlement option and any amount remains payable upon your death, please indicate to whom you want the remaining amount to be paid.

**Choose One:**

☐ Pay my estate    ☐ Pay beneficiary(ies) (Provide beneficiary information below)

**Primary Beneficiary**

First name:			
MI:		Last name:	
Street:			
City:			
State:		Zip:	
Telephone:			
Email:			
SSN, TIN or EIN:			
Relationship to deceased:			
Date of birth:			

**Contingent Beneficiary**

First name:			
MI:		Last name:	
Street:			
City:			
State:		Zip:	
Telephone:			
Email:			
SSN, TIN or EIN:			
Relationship to deceased:			
Date of birth:			





## PART D

## How to Receive Your Funds (continued)

☐ OPTION 3

(\*) indicates required information

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

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

## 3.1 Bank details\*

Bank name: Branch phone: Bank transit routing number: Account type: ☐ Checking ☐ SavingsBank account number: City:  State: 

I authorize The Prudential Insurance Company of America (Prudential) to make an electronic fund deposit into my account. I understand that any deposit made to an inactive account will be returned to Prudential and issued as a manual check. 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 applicable life insurance 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.

**NOTE: The name of the Account Owner must be the same as the Beneficiary/Entity.**Account Owner's  
First name: Telephone number: MI:  Last name: Signature: Street: City: State:  Zip: Date:  
mm/dd/yyyy ☐ OPTION 4

Receive a single lump sum check

☐ Elect an available alternative payment option, please write below:

The claim form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Life Insurance, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.

## To be completed by Prudential Representative

☐ Check here to select Field Office Delivery

Representative's Name:	<input type="text"/>	Telephone Number:	<input type="text"/>	Contract Number:	<input type="text"/>
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Address to deliver proceeds to (If a US mailing address is not provided proceeds will be sent to the payee)

Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>





## PART E

### Income Tax Withholding (Applicable for qualified plan distributions):

If you do not complete this section, we will withhold default federal and state taxes as required by law.

**Prudential will withhold default 10% federal income taxes and any mandatory state income taxes, if applicable.** You may choose to elect out of withholding, below, otherwise, for any other federal tax withholding election, you must submit IRS Form W-4R **with this form**. If you are not a U.S. person, you must submit the applicable IRS Form W-8 series. These forms can be located by searching Forms, Instructions and Publications at <https://www.irs.gov/forms-instructions>.

Please note, for distributions from a life insurance policy only earnings are subject to any applicable income tax withholding as requested below.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

☐ Check here if you **do not** want federal income taxes withheld.

☐ Check here if you have attached IRS Form W-4R to make a specific withholding election. If the form is not attached, we will process your payment with default withholding.

*Please note that you cannot elect out of withholding if we do not have a valid SSN or TIN on file or if payments are to be delivered outside the United States and its possessions.*

### Important Taxpayer Information:

**Federal and some state tax laws** require us to withhold income taxes from certain cash payments unless you elect out of withholding and in certain other circumstances. We are required to withhold federal income taxes and certain state income taxes from the taxable portion of any withdrawal from a life insurance contract, an endowment contract, non-qualified annuity, an IRA, a Roth IRA, a section 403(b) tax-deferred annuity, or a section 401(a) qualified plan. You may wish to consult a tax or legal advisor regarding the federal and your state's specific income tax withholding requirements. If your withdrawal is from a Section 403(b) tax deferred annuity or a Section 401(a) qualified plan, and is an "eligible rollover distribution," you will not be able to elect out of federal income tax withholding. Federal taxes will be withheld at a flat 20 percent rate, unless you elect to have your eligible rollover distribution rolled over to an IRA or to another qualified plan. You cannot elect out of federal or state income tax withholding if you did not provide a U.S. address. You will not be able to elect out of withholding if we are notified that your Taxpayer Identification Number is incorrect. If you have elected not to have federal and state income tax withholding, you will still be liable for any federal and/or state income taxes on the taxable portion of your withdrawal. You may, however, elect to have federal and/or state income taxes withheld. If you wish to have federal and/or state taxes withheld, please check the applicable box(es) in the federal and state income tax withholding election section. Your elections will remain in effect until you revoke them.

**Estimated tax and possible penalties:** If you elect to have no income tax withheld from your withdrawal, or if you do not have enough income tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may be subject to IRS penalties, including fines and imprisonment, if you fail to provide your correct taxpayer identification number, fail to report taxable interest or dividends on your tax return, or give false tax information.





PART F

## Tax certification

**CLAIMANT'S TAX CERTIFICATION (SUBSTITUTE W-9) - To be completed only by U.S. persons (including U.S. citizens and resident aliens).** If not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP, or IMY).

**Under penalties of perjury, I certify that the taxpayer identification number listed on this form is my correct SSN/EIN and I am a U.S. citizen or other U.S. person (including resident aliens). I further certify that I am exempt from backup withholding and/or FATCA reporting unless I check the applicable box(es) below:**

- ☐ I have been notified by the Internal Revenue Service that I am subject to backup withholding due to the failure to report all interest or dividends. Prudential is required to withhold income tax on any payments which include interest and dividends when the claimant is subject to back up withholding.
- ☐ I am subject to the reporting requirements of the Foreign Account Tax Compliance Act (FATCA)

### 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 G

## Signature

(\*) indicates required information

I have read and agree to Parts A through F and the Claim Fraud Warnings included on pages 10 and 11. By signing this form, I certify the information that I have provided is true and complete. I understand that there may be tax implications as a result of this request.

**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.

**The Internal Revenue Service does not require your consent to any provision in this document other than the certifications required to avoid backup withholding.**

Beneficiary's  
or claimant's  
signature:\*

Date\*:  
mm/dd/yyyy







## How does the Alliance Account work?

**About the Alliance Account:** Payment of the full benefit amount is accomplished by placing the proceeds from your Prudential claim into an interest-bearing Prudential Alliance Account and providing you with personalized drafts. The draft writing privileges allows full access to your funds immediately without any monthly fee. Simply by writing drafts, you can access the funds you need. You may wish to access the money periodically, or all at once.

**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](http://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.

**Colorado Claimants:** The funds are guaranteed by the Colorado Life and Health Insurance Protection Association. Please contact the Colorado Life and Health Protection Association (<https://www.colifega.org>) to learn more.

**Beneficiary designation:** After electing an Alliance Account, you may designate a beneficiary for your account by completing and returning the beneficiary designation form 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 will vary over time but will not change more than once per month, and will not go below the minimum interest rate. 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. The minimum interest rate that will be paid on this account will be no lower than 0.5%. (The current rate, as of the date this form was provided to you, is 2.44%.) This rate may differ if you already have an existing open Alliance Account. The higher rate will prevail. Call customer service at 800-496-1035 if you have any questions regarding the interest rate that will be credited. The interest earned on the Alliance Account may be taxable. For tax information, please consult with a tax advisor because neither we nor our representatives can provide tax advice.

**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.







## How does the Alliance Account work? (continued)

**No usage fees:** The Alliance Account has no monthly charges, per draft charges, or draft reorder fees.

**Special service fees:** 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:** Though you can transfer the funds to another available settlement option at any time at no cost, 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.

**Dedicated Customer Support:** You may speak directly with a customer service representative between 8:00 a.m. and 8:00 p.m., Eastern Time, Monday through Friday at 800-496-1035. Written inquiries can be sent to Prudential, P.O. Box 13902, Philadelphia, PA, 19176. Once the Alliance Account is opened, you will be able to go online or call an automated voice-response system 24 hours a day to check your account balance, request additional drafts, and more.

### 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.





## 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) 496-1035.

## About You

Indicate who is claiming the life insurance death benefit proceeds. If there is more than one beneficiary on the policy, each beneficiary must complete a separate form. We only need one death certificate with a raised state seal. Please note that we will only use phone numbers and email address(es) that we collect to keep you updated on the status of your claim. Please also note:

- A "skip person" is defined by the Internal Revenue Code as a person who is two or more generations below the grantor of the trust or an unrelated person who is at least 37½ years younger than the grantor.

## How to Receive Your Funds:

### Understanding Your Options

#### Alliance Account

Please refer to page 7 for information about the Alliance Account. A claim is not eligible for an Alliance Account when:

- The benefits payable to the beneficiary (not including claim interest) from all policies total less than \$5,000.
- The beneficiary does not have, or does not provide, a Social Security number.
- The beneficiary resides outside of the United States or outside of one of its Territories (i.e., residents of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and US Virgin Islands are Alliance eligible).
- The payee is a minor, corporation, partnership, tax-exempt entity, estate, or any other third party.
- The beneficiary is a trust with more than one trustee, the trust is not authorized to own or withdraw funds from a life insurance policy, or the trust is a testamentary trust.
- The person who owned the policy established specific provisions about death benefit payment. In these situations, the claim is paid by check or another option.

#### Lump Sum Payment Options

Prudential offers two types of lump sum payment options. Each option type provides full payment through either a single check or immediate access to the entire proceeds of the policy as described below.

<b>Proceeds Held At Interest</b>	While proceeds are held at interest, you receive regular interest payments with the right to withdraw the unpaid balance. You may also elect to have interest accumulate.
<b>Lump Sum Check</b>	Receive the full benefit in a single lump sum check.





## How to Receive Your Funds (continued):

### Installment Payment Options

Prudential also offers a number of deferred payment options, which pay out the proceeds over a period of time that you select (e.g., monthly payments for the rest of your life, or payment over a fixed number of years). If you select a deferred payment option, we will provide you with a written description of the terms of the installment payment option you selected.

<b>Life Income</b>	Monthly payments to you for life.
<b>Life Income with a Certain Period</b>	Monthly payments to you for life with a certain period of guaranteed payments to you or your named beneficiary.
<b>Fixed Period</b>	Payment for an elected number of years, with the right to withdraw the present value of unmade payments.
<b>Fixed Amount</b>	Payments of a selected amount until the proceeds and interest earned are fully paid to you, with the right to withdraw the unpaid balance.

The tax treatment of the death benefit may be different depending on the settlement option you choose. Please consult your tax advisor for advice. In addition, there may be other settlement options available to you. Should you have any questions about these settlement options, please contact Prudential at (800) 496-1035. If you choose an available alternative payment option, please indicate your selection on page 4.

## State-Specific Information

**For Arkansas Policies:** If payment is made after 30 days from the day we receive proof of death of the insured, life insurance death benefits payable under policies issued in Arkansas will include interest at the rate of 8 percent per year. This interest will be payable from the date of death to the date of payment.

**For Illinois Claimants:** Interest shall accrue on the proceeds payable because of the death of the insured, from the date of death, at a rate of 10% annually on the total amount payable or the face amount if payments are to be made in installments until the claim payment or first installment is paid, unless payment is made within thirty-one (31) days from the date of receipt by the company of due proof of loss and sufficient information to determine the appropriate payee legally entitled to the proceeds in accordance with 215 ILCS 5/224(1)(I).

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

## Claim fraud warnings

**For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Texas, Utah, 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 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.

**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 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.





## Claim fraud warnings (continued)

**CALIFORNIA RESIDENTS** – For your protection, California 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.

**KENTUCKY RESIDENTS** – Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**MAINE, VIRGINIA 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.

**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.

**NEW HAMPSHIRE RESIDENTS** – Any person who, with 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 knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NORTH CAROLINA RESIDENTS** – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, presents or causes to be presented a written or oral statement, as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a Class H felony.

**PENNSYLVANIA and UTAH RESIDENTS** – Any person who and with intent to defraud any insurance company or other person files an application for insurance or statement 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.

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







Policy number BC-2025-785916

## Authorization to release information

(\*) indicates required information

For the purposes of evaluation of a claim for insurance benefits, I authorize all physicians, hospitals, clinics, medical providers, other health providers, insurance companies, pharmacies, pharmacy benefit managers, employers, and investigative consumer reporting agencies and other agencies, including governmental organizations and the Social Security Administration, to provide to Prudential the insured's entire medical record (excluding psychotherapy notes), employment record, pharmacy record, insurance claim record, and insurance policy information. Upon the presentation of the original or photocopy of this signed authorization, I request the Social Security Administration to release to Prudential any and all information regarding earnings and any other information that may determine eligibility for benefits under the Social Security Act.

You are authorized to permit the Prudential or its authorized representative to obtain a copy of the entire medical record, including but not limited to, treatment for communicable diseases such as the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), drug and alcohol use and all other information relative to the physical health, mental health, dental care, or employment pertaining to:

First name:	Wilmont		
MI:		Last name:	Smelyanskaya
Date of birth: mm/dd/yyyy	01/01/1985		
Date of death: mm/dd/yyyy	03/29/2024		

For the purposes of processing and payment of claims in an efficient and prompt manner, I authorize Prudential to consolidate and disclose completed claim forms and documents to appropriate associates for each and every one of Prudential Financial, Inc.'s affiliates or business units to which a claim for payment or distribution is made.

This authorization will remain valid while the claim is pending, but not for more than two years and can be revoked by giving written notice to Prudential. Prudential may be unable to complete the claim process and may deny benefits if this form is not signed or this authorization is revoked. Prudential will not release this information to any entity other than its reinsurers or service providers without written authorization, unless required or allowed by law or ordered by a court of law. A copy of this authorization form will be provided to you upon request. A photocopy of this authorization is as valid as the original.

Once disclosed to Prudential, this information will no longer be protected by the Health Insurance Portability and Accountability Act, but will be protected by other applicable federal and state laws relating to the protection of personal information. For purposes of this authorization, I hereby revoke any prior restriction on disclosure of medical records provided to any medical provider and authorize the release of the Insured's entire medical record to Prudential, excluding psychotherapy notes.

### Beneficiary or claimant's signature:\*

Signature:	
Date: mm/dd/yyyy	
Relationship:	



