

**Unemployment Waiver of Premium Benefit Claim Form****A) Instructions**

If a request is being made for the Unemployment Benefit under this policy, please follow these steps:

1. Complete all sections of this form.
2. Attach documentation to confirm the insured's receipt of unemployment benefits for a period of 60 continuous days. Acceptable documents include the following: State Unemployment Benefits Confirmation Letter, State Unemployment Benefit Check Stubs, or other similar documents issued by the state. (Please be sure that the submitted documents cover the required 60-day period.)
3. Submit the completed claim form to Prudential, PO Box 71452, Philadelphia, PA 19176-1452.

**If you have any questions, please call your Prudential Representative or our Customer Service Office at (800) 524-0542.**

**Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.**

**B) Policy Information**

Please list the policy number(s) for which you are requesting the unemployment benefit:

\_\_\_\_\_

Name of insured (first, MI, last name) \_\_\_\_\_

Address of insured: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Insured's Social Security number \_\_\_\_\_ Insured's date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy)

**C) Employment History of Insured**

**Please provide information on the insured's employment history:**

Name of employer from which employment was terminated \_\_\_\_\_

Address of employer: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer's telephone number \_\_\_\_\_

Date of hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date employment was terminated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

If employed less than 12 months by employer listed above, please provide the following information for the prior employer:

Name of employer: \_\_\_\_\_

Address of employer: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer's telephone number \_\_\_\_\_ Dates of employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)





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## D) Unemployment History of Insured

Period of unemployment       /      /       to       /      /        
(mm/dd/yyyy) (mm/dd/yyyy)

- 1. Did the insured receive unemployment compensation from his or her state of residence for this period of unemployment? ☐ Yes ☐ No
- 2. Was the insured continuously employed during the twelve-month period immediately preceding the date unemployment began? ☐ Yes ☐ No
- 3. Was the insured continuously unemployed for 60 days? ☐ Yes ☐ No

## E) Signature

This section should be signed by the insured if possible. If someone other than the insured signs, next to the signature please list the capacity in which the form is being signed (e.g., power of attorney) and include a copy of any applicable documentation (e.g., power of attorney).

**X** \_\_\_\_\_  
Signature of Insured

      /      /        
Date (mm/dd/yyyy)