

Preferential Beneficiary's Statement

What is a Preferential Beneficiary?

Supplemental Health benefits are payable to the employee. If the employee is not living, then benefits that are unpaid at death will be **payable to first of the following: the Employee's**

1. Surviving spouse or domestic partner.
2. Surviving children in equal shares. If there is only one surviving child, the entire benefit is payable to the surviving child. Legally adopted children are typically eligible to receive benefits; however, step-children are typically not eligible. **Please refer to the plan documents for details.**
3. Surviving parents in equal shares. If only one parent is surviving, the entire benefit is payable to the surviving parent.
4. Surviving Siblings. If there is only one surviving sibling, the entire benefit is payable to the surviving sibling.
5. Estate.

The highest surviving class of heirs, in accordance with the above order of preference, must follow the below instructions to receive **benefit proceeds that may be payable under the Supplemental Health Insurance contract.**

How to complete and submit a Preferential Beneficiary Form

- ▶ Complete and sign the attached Preferential Beneficiary's Statement:
 - a. All persons in the highest surviving class of heirs must be listed on this statement. (Example: If there was no surviving spouse, but the insured was survived by three children, all three children must be listed on the attached statement.)
 - b. Each person listed on the Preferential Beneficiary's Statement must also complete a **Beneficiary Statement**. This form can be obtained online at www.prudential.com/giemployeeforms. Each beneficiary is responsible for completing his/her own Beneficiary Statement and submitting it to Prudential.

Documents to Submit

- ▶ Submit the Preferential Beneficiary Statement form for each beneficiary and the following attachments:
 - a. A completed Preferential Beneficiary's Statement listing all heirs in the highest surviving class.
 - b. A completed Preferential Beneficiary's Statement for each heir in the highest surviving class.
 - c. A certified copy of the death certificate for the insured if one has not been previously submitted to Prudential for an existing Accident/Critical Illness/Hospital Indemnity claim. (Prudential only needs to receive one copy. It is not necessary for each beneficiary to submit a copy.)
 - d. If the benefit is payable to the insured's estate, estate papers must be submitted including a certified copy of the court order appointing the legal representative.
 - e. If the heir in the highest surviving class is a minor, letters of guardian over the minor's estate must be submitted.
 - f. A completed Accident/Critical Illness/Hospital Indemnity Claim Form.

- ▶ Return all documents to:

The Prudential Insurance Company of America
c/o Accenture Insurance Services
as Third-Party Administrator
P.O. Box 71330, Philadelphia, PA 19176-1330





Preferential Beneficiary's Statement

A) General Information

Employer's Name		Certificate Number	
Member First Name	Member Last Name		
Deceased First Name	Deceased Last Name		
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Member Social Security Number	Relationship to Member

B) Highest Surviving Class

Please select one of the following:

The highest surviving class of heirs to which benefit proceeds should be payable in the absence of a designated beneficiary:

☐ Spouse ☐ Child(ren) ☐ Parent(s) ☐ Sibling(s) ☐ Estate

C) Claimant Information

Claimant 1

First Name		Last Name	
Social Security Number/TIN	Relationship to Deceased	Date of Birth (mm/dd/yyyy)	
Residence: Street	Apt	Telephone Number	
City	State	ZIP Code	

Claimant 2

First Name		Last Name	
Social Security Number/TIN	Relationship to Deceased	Date of Birth (mm/dd/yyyy)	
Residence: Street	Apt	Telephone Number	
City	State	ZIP Code	

This form is supplied as a convenience to potential claimants. Prudential may require additional information from potential clients in order to pay benefits due under the Supplemental Health policy. By supplying this suggested form, Prudential does not offer any legal advice.





C) Claimant Information - Continued

If additional space is required, please continue on this page. Additional copies of this page can be made if necessary. Otherwise, please review and sign below.

Claimant 3

First Name	Last Name	
Social Security Number/TIN	Relationship to Deceased	Date of Birth (mm/dd/yyyy)
Residence: Street	Apt	Telephone Number
City	State	ZIP Code

Claimant 4

First Name	Last Name	
Social Security Number/TIN	Relationship to Deceased	Date of Birth (mm/dd/yyyy)
Residence: Street	Apt	Telephone Number
City	State	ZIP Code

D) Claimant Certification/Fraud Warning

I hereby certify that the answers I have provided to the foregoing questions are both complete and true to the best of my knowledge and belief.

FLORIDA RESIDENTS — Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing 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.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

Signature of Claimant _____
Name _____ Date (mm/dd/yyyy) _____





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, Vermont, 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 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.

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.

CALIFORNIA AND TEXAS RESIDENTS—For your protection, California and 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.

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 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 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 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, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.



Claim Fraud Warnings

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.

VIRGINIA RESIDENTS—Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

IMPORTANT INFORMATION

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.

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