

Employer Statement

Group Insurance Contract Holder's Statement To be completed by Employer/Plan Administrator. Please complete sections A-D

A) Employee Information

First Name		Last Name	
Street Address		Suite	
City		State	Zip Code
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> Male <input type="radio"/> Female	
Date of Employment (mm/dd/yyyy)	Date Last Worked (mm/dd/yyyy)	Home Telephone Number	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt			
Date First Absent (mm/dd/yyyy)	Date Work Resumed (mm/dd/yyyy)	Date to Which Salary or Wage Was Paid (mm/dd/yyyy)	

B) Insurance Coverages

**1. For any optional or supplemental coverages, attach a copy of proof of enrollment
Complete only the coverage(s) that apply to this claim.**

Group Coverage	Control Number	Amount	Effective Date of Coverage (mm/dd/yyyy)	Branch
<input type="checkbox"/> Basic Term Life	_____	\$ _____	____/____/____	_____
<input type="checkbox"/> Optional Term Life	_____	_____	____/____/____	_____
<input type="checkbox"/> Dependent Optional Term Life	_____	_____	____/____/____	_____
<input type="checkbox"/> Group Universal Life	_____	_____	____/____/____	_____
<input type="checkbox"/> Group Variable Universal Life	_____	_____	____/____/____	_____
<input type="checkbox"/> Optional Accidental Death	_____	_____	____/____/____	_____
<input type="checkbox"/> Dependent Optional Accidental Death	_____	_____	____/____/____	_____
<input type="checkbox"/> Business Travel Accidental Death	_____	_____	____/____/____	_____
<input type="checkbox"/> Critical Illness	_____	_____	____/____/____	_____
<input type="checkbox"/> Dependent Critical Illness	_____	_____	____/____/____	_____
<input type="checkbox"/> Accident Insurance	_____	_____	____/____/____	_____
<input type="checkbox"/> Dependent Accident Insurance	_____	_____	____/____/____	_____





Employer Statement

First Name _____ Last Name _____ Social Security Number _____

B) Insurance Coverages(continued)

\$ _____ Was insurance ever assigned? Yes No
 Base Salary Amount on Last Day Worked
 per Hour Week Month Year

If "Yes," please attach a copy of assignment and all related papers. For collateral assignment, please attach Assignee's Statement of Indebtedness.

2. Number of hours scheduled to work (if weekly) _____

If earnings include other forms of compensation, please indicate below:

Type of Compensation	Amount	Period From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="checkbox"/> Overtime	\$ _____	____ / ____ / ____	____ / ____ / ____
<input type="checkbox"/> Bonus	_____	____ / ____ / ____	____ / ____ / ____
<input type="checkbox"/> Other	_____	____ / ____ / ____	____ / ____ / ____

Description _____

3. Has insurance percentage/amount increased in the last two years? Yes No If yes, provide date (mm/dd/yyyy) ____ / ____ / ____

4. Was evidence of insurability required to secure current coverage? Yes No 5. Is there contributory insurance? Yes No Date Last Premium Paid (mm/dd/yyyy) ____ / ____ / ____

6. Was insurance in force on last day worked? Yes No If no, provide date: Insurance Terminated (mm/dd/yyyy) ____ / ____ / ____ Conversion Privilege Offered (mm/dd/yyyy) ____ / ____ / ____

7. Is this employee covered under an LTD plan administered by Prudential? Yes No Control Number _____

9. Survivor Benefit Life Applicable? Yes No

10. Is this employee covered for Total and Permanent Disability Benefits under this group life insurance policy? Yes No

11. Did this employee elect the payment method, if eligible, prior to his or her disability? If "Yes," provide proof of election, lump sum, or installment payments. Yes No

12. Has the employee converted any part of the group coverage to an individual policy? Yes No

13. Has the employee applied for coverage under the Portability Plan for your group coverage? Yes No

C) Job Information

1. Occupation Prior to Disability _____

2. Where Employed _____





Claim Fraud Warnings

For residents of all states except Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, the District of Columbia, Florida, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington and West Virginia:

WARNING—Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he or she 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.

ALASKA RESIDENTS—A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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, MASSACHUSETTS, RHODE ISLAND, AND WEST VIRGINIA 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 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.

COLORADO RESIDENTS—It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE RESIDENTS—Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

IDAHO RESIDENTS—Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA RESIDENTS—A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY RESIDENTS—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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, TENNESSEE, VIRGINIA AND WASHINGTON RESIDENTS—It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.





Claim Fraud Warnings

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.

MINNESOTA RESIDENTS—A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL 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.

OHIO RESIDENTS—Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS—WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON RESIDENTS—Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurance company, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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.

