



## Group Term Life Insurance Portability Election Form

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con rm that your coverage is in effect. All payments must be made promptly to prevent lapse or termination of your Group  
Term Life Insurance coverage. Electronic Funds Transfer (EFT) is available as an option to pay premiums once payment o  
initial billing statement is received. You can contact Prudential at the toll free number indicated below for further details or  
to request an EFT authorization form.

**Group Term Life Insurance Coverage  
 Portability Election Form**

**1. Employee/Applicant Data (to be completed by employee/applicant)**

Last Name		First Name		MI	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		Apartment #	City		State	ZIP
Date of Birth	Social Security Number		Daytime Phone Number		Home Phone Number	
Email Address		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widower				

**2. Group Term Life Insurance Coverage Amount(s) (to be completed by employer)**

Coverage Termination Date	
Salary and Date of Last Day Actively at Work	
Current Optional Term Life Coverage Amount – Employee \$	
Current Dependent Term Life Coverage Amount – Spouse \$	
Current Dependent Term Life Coverage Amount – Children \$	

**3. Assignment Data (to be completed by employer)**

Has this insurance been assigned?  Yes  No If NO, sign the certification at the bottom of this section. If YES, complete this section with assignee or trustee information.

Last Name of Assignee or Trustee		First Name		MI	
Street Address		Apartment #	City	State	ZIP
Daytime Phone Number	Home Phone Number		Social Security Number or Tax Identification Number		

**4. Group Term Life Insurance Coverage Amount(s) (to be completed by employee/applicant)**




8. Employee/Applicant/Assignee Signature ~~(to)~~ be completed by employee/applicant/assignee)

9. For Prudential Use Only

## IMPORTANT NOTICE REQUIRED BY CERTAIN STATE REGULATORS:

For residents of all states except Alabama, the District of Columbia, Florida, Kentucky, Maryland, New Jersey, New York, Pennsylvania, Rhode Island, 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 concealed, 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 knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, civil damages and criminal penalties, including confinement in prison, or any combination thereof.

**DISTRICT OF COLUMBIA 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.

**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.

**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 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.

**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 such person is subject to criminal and civil penalties.

**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 knowingly and with intent to injure, defraud, or deceive any insurance company or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is 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 concealed, for the purpose of misleading, information concerning any fact material thereto.

**WASHINGTON RESIDENTS** – Any person who knowingly provides false, incomplete or misleading information to an insurer for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.



**ARIZONA** – 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** – 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.

**ARKANSAS, DELAWARE, DISTRICT OF COLUMBIA, ILLINOIS, IOWA, KANSAS, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, WYOMING** – 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.

**KENTUCKY** – 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

**FLOIDA E IDEN** 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.

I declare that, to the best of my knowledge and belief, the statements made in this application are complete and true. I agree that the coverage applied for is subject to the terms of the plan and shall become effective on the date or dates established by the plan, provided the evidence of good health is satisfactory.

Print Your First Name

Last Name

Your Social Security Number

\_\_\_\_\_  
Your Signature (unless a minor)

Date Signed (mm-dd-yyyy)

\_\_\_\_\_  
If Person for whom insurance is being requested is a minor,  
Signature of Parent, Guardian, or Person Liable for Support

Relationship

Date Signed (mm-dd-yyyy)

Group Life Insurance coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102.

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I declare that, to the best of my knowledge and belief, the statements made in this application are complete and true. I agree that the coverage applied for is subject to the terms of the plan and shall become effective on the date or dates established by the plan, provided the evidence of good health is satisfactory.

Print Your First Name

Last Name

Your Social Security Number

\_\_\_\_\_  
Your Signature (unless a minor)

Date Signed (mm-dd-yyyy)

\_\_\_\_\_  
If Person for whom insurance is being requested is a minor  
Signature of Parent, Guardian, or Person Liable for Support

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Date Signed (mm-dd-yyyy)

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**Please keep this notice for your records.**