The Prudential Insurance Company of America – Enrollment and Beneficiary Form

751 Broad Street • Newark, NJ 07102

Control No.: 92860

Please submit your complete enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits. Questions? Call 1-800-525-8056.

FOR EMPLOYER: Please complete this section. Additionally form for complete information. All section The Prudential Insurance Company of Am Coverage Start Date/_1_/ EMPLOYER Unit No	s must be completed in order for perica to process claims. (Must be 1st of Month)	Jacksonville, FL 32 1-800-525-8056	Park Blvd, Suite 200-B
Member Information	New Member Enrollment	Open Enrollment	Change of Beneficiary
Last Name	First Name	MI	
Street Address	City	State	ZIP code
Social Security Number	Primary Phone Number	Your Dat	te of Birth (mm/dd/yyyy)
			//
Date of Employment			
//Actively at w	ork?* 🗌 Yes 🗌 No – If no, you ar	e not eligible for this cov	verage. 🗌 Male 🗌 Female
*Active Work Requirement: A requirement the predetermined by the member's Public Emp	•		
I declare the above statements and answers a plan (or plans) issued by The Prudential I Retirement Systems (NCPERS), in which I w wages amounts equal to the contributions r Prudential. A photographic copy of this aut of the month following payment of my contr I am not actively at work on the coverage ef insurance requirements for covered membe	nsurance Company of America (Pruc will participate upon becoming insure equired for me toward the premiums horization shall be as valid as the orig ibution through payroll deductions. I u fective date. Instead, my coverage will	dential) to the National Co ed. I hereby authorize my for Group Insurance unde jinal. The effective date of inderstand that my membe	onference on Public Employee employer to deduct from my er the NCPERS plan issued by f coverage will be the first day er coverage will be delayed if

Member Information			
Last Name	First Name	MI	Social Security Number
application containing any f NEW YORK RESIDENTS insurance or statement of c material thereto, commits a	Any person who knowingly and with intent to in false, incomplete, or misleading information is g – Any person who knowingly and with intent to laim containing any materially false information of fraudulent insurance act, which is a crime, and claim for each such violation. This notice ON	guilty of a felony of the third defraud any insurance com n, or conceals for the purpos d shall also be subject to a c	degree. pany or other person files an application for e of misleading, information concerning any fact ivil penalty not to exceed five thousand dollars
	requires insurers to provide the following ant Insurance and/or Critical Illness covera		being offered Accidental Death and
FOR MAJOR MEDIO ESSENTIAL COVERA BENEFITS PROVIDE	MER: THIS IS A SUPPLEMENT TO CAL COVERAGE. LACK OF MAJOR AGE) MAY RESULT IN AN ADDITIO D BY THIS POLICY CANNOT BE CO PLEASE REVIEW THE BENEFITS F COVERAGE.	MEDICAL COVERACIONAL PAYMENT WI	GE (OR OTHER MINIMAL TH YOUR TAXES. ALSO, THE THE BENEFITS PROVIDED BY
I have read and underst	and the terms and requirements of the fra	ud warnings included or	n the last page of this form.
Member Signature (Sigr	ı in ink.)		Date Signed
years of age or older for De your eligible children age 18 on your spouse, domestic pa	pendent Life and/or Accidental Death and Disma 3 years or older must consent to such coverage b artner, and/or eligible children age 18 or older w	emberment Insurance covera by signing and dating this con vill not become effective unle	
Spouse/Domestic Partne	er Signature (Sign in ink.)		Date Signed
Child Signature (Sign in	ink.)		Date Signed
Child Signature (Sign in	ink.)		Date Signed

Please indicate your Primary and Contingent beneficiary designations on the next page.



NCPERS \$16 PLAN

National Conference on Public Employee Retirement Systems



Primary and Contingent Beneficiary Designation	Primar	y and	Contingen	t Beneficiary	/ Designati	ons
--	--------	-------	-----------	---------------	-------------	-----

Last Name	First Name		MI	Social Security Number
Member Beneficiary De	signations (to be completed b	y member or	assignee, if assigned)
please complete the corresponding f one primary beneficiary is designate	y beneficiary. Use a separate sheet if you war ields. Do not name a beneficiary for Depender d, settlement will be made in equal shares to iciary, or no beneficiary survives the insured, s	nt Group Decreasing the designated bene	Term Life coverage; these benef eficiaries (or beneficiary) who are	its are paid to you while living. If more than then still living, unless their shares are
Primary Beneficiary				
Last Name	First Name	MI		Telephone Number
Social Security Number	Date of Birth	Relation	nship	Percentage
Street Address	City	State		ZIP
Check one, if applicable:	Trust Estate Cor	e Corporation Entity Name		
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation [Telephone Number	Percentage
		5410		
Street Address	City		State	ZIP
	signation — Death benefits will be paid to gent beneficiaries. If designating a Trust, Estat			ry(ies) is not alive. Use a separate sheet if you fields.
Last Name	First Name	MI		Telephone Number
Social Security Number	Date of Birth	Relation	nship	Percentage
Street Address	City	State		ZIP
	Trust Estate Cor	noration	Entity Name	
Check one if applicable:				Percentage
Check one, if applicable:	Creation/Incorporation/Formation		Telephone Number	i ercentaye
Check one, if applicable: Tax ID #/Tax Exempt #	Creation/Incorporation/Formation I	Jale		
	Creation/Incorporation/Formation I City	Jale	State	ZIP

Member Signature (Sign in ink.)

Date Signed

NCPERS is a non-profit organization that provides education and support to public employment retirement systems. NCPERS has no role in the administration of the life insurance program and the benefits are guaranteed solely by the insurance carrier. NCPERS is compensated solely for the use of its name, service marks, and mailing lists.

The plan is administered by Member Benefits. Member Benefits and Gallagher Benefit Services, Inc. are not affiliates of Prudential.

Group Decreasing Term Life, Dependent Group Decreasing Term Life, and Accidental Death and Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. California COA # 1179, NAIC # 68241. Contract Series: 83500.

© 2020 Prudential Financial, Inc. and its related entities.

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

NAT20 FM GI6 01 Ed. 4/20

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.

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.

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.

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 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.

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.

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.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill." You may wish to seek professional tax advice before exercising this option.

MB Member**Benefits**

GL.2019.123



For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington:

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

