GROUP LIFE ENROLLMENT CARD
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Please refer to the description of your plan for coverage options and amounts available to you.

Employee's Last Name	First Name	MI	Name of Employer	Group Policy No.	Claim Branch
Employee's Address				Employee's Annual Salary $	
Social Security No. - -	Date of Birth / /	Date Employed / /	☐ Married ☐ Single	☐ Widowed ☐ Divorced	☐ Male ☐ Female

Please mark the appropriate box according to your plan.

Type of Coverage	☐Basic Term Life (Non Contrib.)	☐Optional Term Life	☐Dependent Term Life	☐Non Contrib. Accidental Death & Dismemberment	☐Voluntary Accidental Death & Dismemberment
Enter Amount					
Effective Date					

EMPLOYEE'S DEPENDENT INFORMATION

Dependent's Last Name	First Name	MI	Date of Birth	Relationship to Employee
			/ /	
			/ /	
			/ /	

My Dependent coverage is for: ☐ Spouse Only ☐ Spouse & Children

MY BENEFICIARY'S NAME (PLEASE PRINT) Example: Mary A. Doe, not Mrs. J. Doe

First Name Middle Initial Last Name Relationship To Employee

First Name Middle Initial Last Name Relationship To Employee

First Name Middle Initial Last Name Relationship To Employee

If more than one beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living unless their shares are specified. If no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy.

EMPLOYEE'S SIGNATURE

I request to elect the coverages noted above for which I am or may become eligible, and authorize payroll deductions of the required contributions (if applicable). If I do not enroll for coverage within 31 days of my date of hire or within any specified enrollment period, I understand that I will need to provide proof of good health satisfactory to Prudential for all coverage amounts. I certify that information contained in this form is complete and accurate to the best of my knowledge and belief, and understand that my age is the basis for determining the cost of insurance rates.

Signature____________________ Date (Month, Day, Year) ____/____/____

TAX CERTIFICATION SECTION

Under penalties of perjury, I certify that the number shown on this form is my correct Tax Identification Number (Social Security Number). I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order, or (c) I am exempt from backup withholding.

☐ Check here only if you are subject to backup withholding: I have been notified by the IRS that I am subject to backup withholding due to underreporting of interest or dividends.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature____________________ Date __________

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Prudential Financial