Prudential

Group Disability Insurance
Address Verification

1 Claimant Information

Social Security Number ___ - ___ - ____

Primary Phone Number ___ - ___ - ____

First Name _____ MI _

Last Name _____ Suffix ___

Email Address _____

Employer Name _____ ***Control Number*** _____

We would like to verify your current address for our records. Please complete the information below and return this form to our office at the address below.

2 Current Residence Address

Residence Address - Line 1 _____

Residence Address - Line 2 _____

City _____ State __ Zip Code _____ - ____

3 Current Mailing Address (if different)

Mailing Address - Line 1 _____

Mailing Address - Line 2 _____

City _____ State __ Zip Code _____ - ____

4 Employee Signature

X _____ __ / __ / ____

Employee Signature — Date Signed

For Internal Use Only

Claim Number _____

* 1 1 5 A 0 1 *

The Prudential Insurance Company of America
Disability Management Services
PO Box 13480, Philadelphia, PA 19176
Tel: 1-800-842-1718 Fax: 1-877-889-4885