

GROUP INSURANCE CLIENT INFORMATION

Required Information/Materials for Submission

This information initiates Prudential processing that ultimately produces your contract, booklet/certificates and bills. Please complete this information accurately and return it promptly to your Prudential Representative. California Certificate of Authority number 1179 and NAIC number 68241.

1. Contract Holder Information: CONTRACT HOLDER NAME (Employer/Association)

Full Legal Name (including D.B.A)

Full Name as preferred for the Booklet

Client Organization

- Corporation/LLC Partnership Proprietorship Mult. ER Trust
 Union Bargaining Assoc. of EEs/ERs Union Treasury Pay All Assoc. of Individuals
 Other (Must provide description) _____

Employer Tax ID #: _____ New York UI #(DBL only): _____

Are there covered lives outside of the United States? Yes No
If yes, how many? _____ Provide totals by country: _____

Actual Distribution of Covered Lives by Employed State.

Please provide employed state and number of employees.

AK	CT	IA	LA	MO	NH	OK	TN	WI
AL	DC	ID	MA	MS	NJ	OR	TX	WV
AR	DE	IL	MD	MT	NM	PA	UT	WY
AZ	FL	IN	ME	NC	NV	RI	VA	
CA	GA	KS	MI	ND	NY	SC	VT	
CO	HI	KY	MN	NE	OH	SD	WA	

Associated Companies

Please list any subsidiary or affiliated companies of the Employer to be included under the sponsoring company's plan. Include name and address of the affiliate or subsidiary, number of participating employees, and Tax ID. Indicate if subsidiary or affiliate is a corporation, partnership or proprietorship.

Full Legal Name

Street

City State ZIP code

Employer Tax ID #: _____ New York UI #(DBL only): _____

Number of Employees: _____

Check here if additional subsidiaries or affiliated company information provided on a separate sheet.

Associated Company Contact Person (if other than contact of the parent company):

First Name MI Last Name

E-Mail Address Phone

6. Eligibility Waiting Period:

Prudential will require full disclosure of all employees not meeting the Actively at Work provision as of the effective date

Coverages	None	Immediately Following:			1 st of month coinciding with or following:			Present & Future*	Future Only
		Days	Months	Years	Days	Months	Years		
Life									
STD									
LTD									

*Present (in Present & Future) refers to employees that have yet to meet the waiting period

Does waiting period apply to All Employees: YES NO
If NO, please define:

Full-Time Minimum Hours Per Week: Life 30 HOURS OTHER _____
 STD 30 HOURS OTHER _____
 LTD 30 HOURS OTHER _____
 Spouses Premium is based on: Employee Date of Birth Spouse Date of Birth

Change occurs: First of month following month of attained age Policy Anniversary January 1st

7. Plan Information:

Prudential's Group Insurance standard practice is to provide booklets/certificates in electronic file format to allow easy online access to plan details and print on demand.

Certificates PDF Online Printed (paper certificates will result in additional costs to the client)

Plan subject to ERISA YES NO
Schedule A requested YES NO

ERISA Plan # 501 Other _____

How are fiscal records maintained? Calendar year (or)
 Fiscal year-last day of fiscal year is _____
 Policy year – last day of the plan year is _____

ERISA Plan Sponsor – Please provide client legal name (if different than section 1)

Street

City State ZIP code

8. Please provide copy of Prior Plan Booklet(s)

9. Please provide copy of Prior Carrier's Bill

10. Please provide final copy of Sold Plan Design/Proposal & Rates

11. Primary Client Contact: Online reporting is the standard method of communicating claim status to our clients. Disability clients are provided access to reports through our Electronic Data Retrieval Center Internet Service.

Please Note: The person indicated below may have access to confidential employee information (Tax reporting contact is not typically the same person who receives Claim Status Reports).

Contact for (check all that apply): Billing Claims Enrollment Online Claim Reports Booklet Certs Tax Reporting
Prudential also offers employers a number of on-line self-service options, to assist with the administration of your plan. Please indicate below, which, if any, of these services this contact should have access to:

On-line Billing On-line Document Center Medical Underwriting Reporting Online Disability Claim Reports

First Name MI Last Name

Title

Street

City State ZIP code

Telephone Fax

E-Mail Address _____

For Internet services, please complete the following:

Last 4 digits of SS# _____ Relevant Date ___/___/___ Description _____
(i.e. anniversary, child's birthday, etc.)

12. Secondary Client Contact: Online reporting is the standard method of communicating claim status to our clients. Disability clients are provided access to reports through our Electronic Data Retrieval Center Internet Service.

Please Note: The person indicated below may have access to confidential employee information (Tax reporting contact is not typically the same person who receives Claim Status Reports).

Contact for(check all that apply): Billing Claims Enrollment Online Claim Reports Booklet Certs Tax Reporting
Prudential also offers employers a number of on-line self-service options, to assist with the administration of your plan. Please indicate below, which, if any, of these services this contact should have access to:

On-line Billing On-line Document Center Medical Underwriting Reporting Online Disability Claim Reports

First Name MI Last Name

Title

Street

City State ZIP code

Telephone Fax

E-Mail Address _____

For Internet services, please complete the following:

Last 4 digits of SS# _____ Relevant Date ___/___/___ Description _____
(i.e. anniversary, child's birthday, etc.)

13. Broker Information: Firm Name _____

First Name MI Last Name

E-Mail Address _____ Phone _____

Coverages are issued by the Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102. 800-524-0542 (AD&D) and 800-290-5903 (LTD). Contract Series 83500. Business Travel Accident Contract Series: 99444. Prudential Financial is a service mark of the Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102, USA and it's affiliates.

