



Group Disability Survivor Benefit Election Form
Applicable to New York policies only

Your group disability plan (Short Term Disability and/or Long Term Disability) provided by The Prudential Insurance Company of America includes a Survivor Benefit. The survivor benefit is paid to your spouse or Domestic Partner, if living, otherwise, to your children under age 25, unless you have chosen another eligible survivor. Refer to your Certificate for benefit details.

If you want to elect to have the Survivor Benefit paid to someone else other than your spouse or Domestic Partner, if living, or otherwise to your children under age 25, please provide the information below and return to your employer. You do NOT need to complete this form if you want the Survivor Benefit paid to your spouse, Domestic Partner, if living, or otherwise to your children under age 25.

Information

Employee Last Name	<input type="text"/>										Employee First Name	<input type="text"/>													
Employee ID (if applicable)	<input type="text"/>										Gender (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status (check one)	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced										
Address	<input type="text"/>																				Apt.	<input type="text"/>			
City	<input type="text"/>										State	<input type="text"/>		ZIP Code	<input type="text"/>										
Date of Birth (MM DD YYYY)	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>												
Date of Hire (MM DD YYYY)	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>												
Daytime Telephone Number	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>												
Evening Telephone Number	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>												
Name of Employer/Group Policyholder	<input type="text"/>																				Control Number	<input type="text"/>			
Eligible Survivor Name (Not spouse, Domestic Partner, if living, children under the age of 25)																									
Last Name	<input type="text"/>										First Name	<input type="text"/>													
Relationship	<input type="text"/>										Date of Birth (MM DD YYYY)	<input type="text"/>			<input type="text"/>			<input type="text"/>							
Survivor Address	<input type="text"/>																				Apt.	<input type="text"/>			
City	<input type="text"/>										State	<input type="text"/>		ZIP Code	<input type="text"/>										

Group Disability Insurance coverages are issued by The Prudential Insurance Company of America, a New Jersey Company, 751 Broad Street, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations and restrictions which may apply. Contract Series: 83500