Prudential

# Group Disability Insurance

**The Prudential Insurance Company of America**
**Disability Management Services**
**P.O. Box 13480, Philadelphia, PA 19176**
**Tel: 800-842-1718 Fax: 877-889-4885**
**http://www.prudential.com/disability**

## Group Disability Insurance Social Security Authorization

**1 Employee Information**

First Name | MI | Last Name

Social Security Number | Employee Phone Number

Email Address

Employer's Name | Control Number

***Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.**

**2 Authorization to Secure Social Security File Information**

I give my consent to the Social Security administration to release details of my Award or Denial for Social Security benefits including the dates and amounts of the decision(s) for myself and my family for the Prudential Insurance Company of America's use in their handling of my claim for disability benefits.

This authorization is valid until the information requested has been released to Prudential or until it has been rescinded by me in writing.

**3 Certification and Signature**

"I certify that I am the person to whom the records pertain. I understand that the knowing and willful request or acquisition of records under false pretenses is a criminal offense subject to a fine."

X _____ Date (MM DD YYYY)

Employee Signature

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