



▶ **GROUP LONG TERM
DISABILITY INSURANCE
CONVERSION PLAN KIT**

Act now to continue your coverage!
You must apply within 60 days
of termination.

This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the workers' compensation system by purchasing this policy, and if the employer is a non-subscriber, the employer loses those benefits that would otherwise accrue under the workers' compensation laws. The employer must comply with the workers' compensation law as it pertains to nonsubscribers and the required notifications that must be filed and posted.

1019174-00001-00



Prudential
Bring Your Challenges®



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Helping to protect your income during an employment transition

The Group Long Term Disability (LTD) Conversion Plan, issued by **The Prudential Insurance Company of America (Prudential)**, helps ensure that there is no gap in your disability insurance protection while you transition from this employer to the next. As a participant in your former employer's Group LTD plan, you may already understand the importance of having long term disability insurance—it can help provide a source of income if you're sick or injured and can't work.

Coverage that's more affordable than you think

Your former employer has made it possible for you to take advantage of this group plan at a reasonable cost, which may be more cost-effective than coverage you would be able to buy on your own.

Apply for coverage within 60 days of termination of employment, or you will forfeit your opportunity to do so. Just follow these 3 easy steps:

1. Simply review the information in this kit.
2. Complete and mail the attached Request for LTD Conversion Form within 60 days of termination of employment.
3. Keep a copy of the Request for LTD Conversion Form for your records.

Please be advised that this kit is only a summary of the benefits, limitations, and exclusions offered to you under Prudential's Group LTD Conversion Plan. The Booklet-Certificate provided upon approval of this coverage will provide you with plan details.

APPLY TODAY

with the enclosed Request for LTD Conversion Form!

COVERAGE THAT HELPS PROTECT YOU

Why should I continue my LTD coverage now?

By converting your current Group LTD insurance, you can continue disability coverage at a reasonable group rate under the conversion privilege in the plan offered by your former employer. If you wait to enroll for long term disability coverage with your next employer, you may experience a lengthy waiting period before your coverage begins. Any gap in your long term disability coverage can put you and your family at risk of not having insurance protection when you need it most.

If you're sick or injured and can't work, Prudential's Group LTD Conversion Plan can help:

- ▶ Provide a source of income based on a percentage of your earnings prior to termination;
- ▶ Get you back to work with rehabilitation programs; and
- ▶ Pay for your LTD premium while you are disabled.

APPLYING FOR COVERAGE

Who can apply for coverage?

You are eligible to apply for Prudential's Group LTD Conversion Plan if you meet all the following requirements:

- ▶ Your employment ends for a reason other than retirement;
- ▶ You are under the age of 70 when your employment ends;
- ▶ At the time your employment ends, you were covered for at least 12 consecutive months under a group long term disability plan with your former employer;
- ▶ You are not disabled, as defined by the terms of your former employer's Group LTD plan, at the time your employment terminates;
- ▶ You do not become eligible for group long term disability coverage under any other long term disability plan within the 60 days following the end of your employment;
- ▶ You are a member of an eligible class of employees when your employment ends; and
- ▶ Your coverage under your former employer's LTD plan has not ended due to cancellation of the Group Contract, or your failure to pay premiums.



How do I apply for coverage?

To apply for Prudential's Group LTD Conversion Plan, you must return the attached Request for LTD Conversion Form within 60 days of termination of employment. Be sure to:

1. Verify that the Employer Statement portion of the Request for LTD Conversion Form has been completed and signed by your former employer. If this was not already completed when you received the form, please have your former employer complete it immediately. This information is mandatory for the processing of your application.
2. Complete and sign the Employee Statement portion of the Request for LTD Conversion Form.*
3. Make a copy of your completed Request for LTD Conversion Form to keep with your important documents.
4. Send your Request for LTD Conversion Form, completed and signed in its entirety, to:
The Prudential Insurance Company of America
P.O. Box 8769
Philadelphia, PA 19176

What is my deadline for applying?

Apply for coverage within 60 days of your termination, or you'll forfeit the opportunity to do so. See page 3 for details.

COVERAGE AMOUNTS UNDER THIS PLAN

How much coverage can I apply for?

Having the right amount of disability insurance is important. It helps replace a portion of your income for a period of time to help maintain your standard of living if you become disabled.

If you are eligible, you may apply for a monthly benefit equal to the lesser of:

- ▶ The amount you were covered for under Prudential's Group LTD plan with your former employer.
- ▶ 60% of your monthly earnings at the time your coverage under your former plan ended, but not more than \$4,000 (or up to \$8,000 if you have provided Prudential satisfactory evidence of insurability (EOI)).

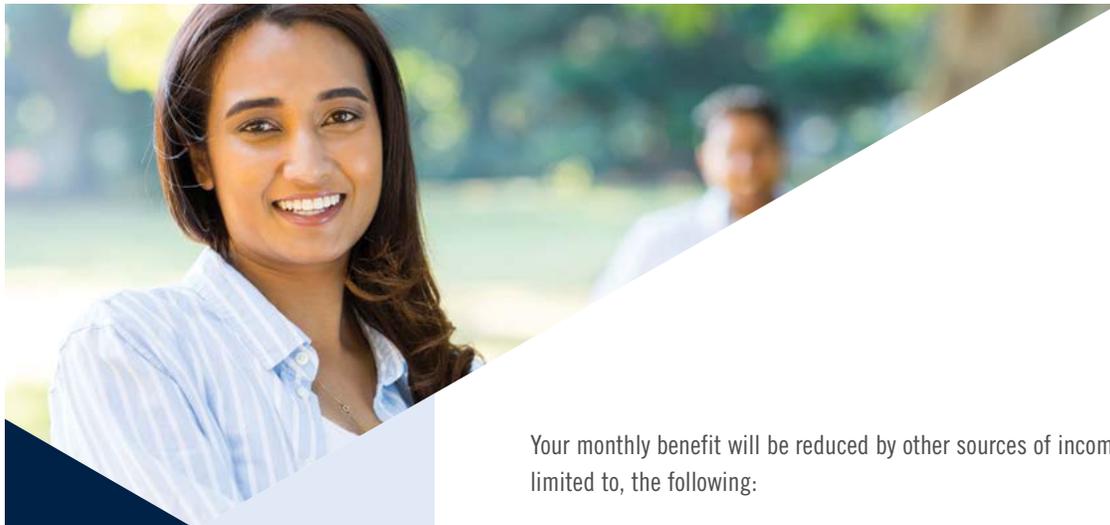
Monthly earnings means your gross monthly income from your prior employer in effect on the date your long term disability coverage under the prior plan ended. It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than your prior employer.

* If you are applying for a monthly benefit amount in excess of \$4,000, you will be mailed an Evidence of Insurability form to complete, and depending on your age and the amount of coverage requested, we may require an examination and/or blood test.



Prudential focuses on your needs

With our combined expertise, resources, and consultative approach, Prudential can provide you with benefit experiences to help protect your financial wellness.



- ▶ One in four of today's 20-year-olds will become disabled before they retire.¹
- ▶ 56% of employees said that having financial security if a wage earner can no longer work due to a disability or serious illness was very important, but only 28% of employees said they have very good ability to replace earnings if they had to go on disability for six months or more.²
- ▶ Social Security disability payments are limited to disabilities expected to last at least 12 months or end in death. To qualify, you must be unable to engage in any type of work as defined by Social Security.

¹ U.S. Social Security Administration, Basic Facts, June 2016.

² Prudential's Eighth Annual Study of Employee Benefits: Today & Beyond.

Your monthly benefit will be reduced by other sources of income you may receive, including, but not limited to, the following:

- ▶ Social Security benefits (individual or family)
- ▶ Disability benefits paid under Workers' Compensation or any other occupational disease law
- ▶ Unemployment benefits
- ▶ Any employer plan that provides group disability benefits
- ▶ Employer-funded retirement benefits

Additional reductions that may apply are outlined in the Booklet-Certificate, which is provided upon enrollment. Your minimum benefit will be \$50.00 per month.

Can I apply for a monthly benefit greater than the amount provided under my former employer's Group LTD plan?

No, your monthly benefit under Prudential's Group LTD Conversion Plan cannot exceed the amount for which you were covered under your former employer's Group LTD plan.

You can choose to reduce your coverage at any time, but once you reduce coverage, you cannot increase it from that point forward.

What if my monthly benefit is currently more than \$4,000?

You are not required to choose a monthly benefit greater than \$4,000 under the conversion plan. You can simply check off **Option 1** on the Request for LTD Conversion Form to apply for the \$4,000 monthly benefit.

However, if you apply for a monthly benefit of \$4,000 and change your mind, you cannot increase it at any time.

If you wish to apply for a monthly benefit greater than \$4,000, check **Option 2** on the Request for LTD Conversion Form. You will be sent an Evidence of Insurability form to complete.

COSTS

How much will it cost?

Your premium amount is based on your age as of the premium due date, and your monthly benefit. Premiums are payable on a quarterly basis. The quarterly premium rate* for coverage is as follows:

Age	Quarterly Premium† Rate
Under age 30	\$0.0170
30–39	0.0250
40–44	0.0440
45–49	0.0700
50–54	0.1120
55–64	0.1550
65–69	0.1100

* Rates effective January 1, 1993. Rates may change as the insured enters a higher age category; also rates may change if plan experience requires a change for all insureds.

† Premium payments are due on the first day of each calendar quarter (Jan. 1, April 1, July 1, and Oct. 1). You will receive a quarterly premium statement approximately three weeks prior to your premium due date.

If you are enrolled during the middle of a quarter, your first bill will be prorated to cover only the amount of time you were actually enrolled for that quarter.

Remit your payment promptly, to ensure timely receipt. If your payment is not received within 31 days of any due date, your coverage will be terminated and it will not be reinstated.

How do I figure out my quarterly premium payment?

The following worksheet will help you determine your quarterly premium payment. You can calculate your quarterly premium based on a monthly benefit up to \$4,000 or a monthly benefit over \$4,000.

Will my cost change?

Your premium amount will be adjusted when your birthday places you in a new age category as of the premium due date. Your premium amount will be automatically adjusted and indicated on your quarterly premium statement.

Also, Prudential may revise the current premium rates at any time. You will be notified at least 31 days in advance of any change in the premium rates.

For a monthly benefit up to \$4,000, calculate your quarterly premium following these steps:

1. Indicate the monthly benefit you are applying for, equal to the lesser of:
 - The amount you were covered for under Prudential's Group LTD plan with your former employer.
 - 60% of your monthly earnings at the time your coverage under your former plan terminated, but not more than \$4,000.

monthly benefit: \$ _____



Act Now!

**You must apply within
60 days of termination.**

Customer Service Center
888-262-6873
Monday through Friday
8:00am to 8:00pm ET

2. Determine the premium rate, based on your age, from the chart below:

premium rate: \$ _____

Age	Quarterly Premium† Rate
Under age 30	\$0.0170
30–39	0.0250
40–44	0.0440
45–49	0.0700
50–54	0.1120
55–64	0.1550
65–69	0.1100

† Premium payments are due on the first day of each calendar quarter (Jan. 1, April 1, July 1, and Oct. 1). You will receive a quarterly premium statement approximately three weeks prior to your premium due date.

3. Multiply your **monthly benefit (1)** by the **premium rate (2)**: \$ _____

This is your quarterly premium amount.

For a monthly benefit over \$4,000, calculate your quarterly premium payment as follows*:

Multiply the premium rate by \$4,000: \$ _____

Please note that no monthly benefit amounts greater than \$4,000 will become effective until approved by Prudential. If you have applied for a monthly benefit amount in excess of \$4,000 and it is approved by Prudential, your quarterly premium payment will be adjusted accordingly.

Examples:

An individual age 40, enrolling for a monthly benefit of \$2,000:

$0.0440 \times \$2,000 = \88.00 **The quarterly premium amount would be \$88.00.**

An individual age 40, enrolling for a monthly benefit of \$8,000:

$0.0440 \times \$4,000 = \176.00 **The quarterly premium amount would be \$176.00.****

BILLING QUESTIONS

Whom do I call for questions about my bill?

For billing inquiries, you can call 888-262-6873.

* If you are applying for a monthly benefit amount in excess of \$4,000, you will be mailed an Evidence of Insurability form to complete, and, depending on your age and the amount of coverage requested, we may require an examination and/or blood test.

** Please note that you will only be billed for the first \$4,000 of coverage until the additional amount over \$4,000 has been approved. A subsequent bill will reflect the premium amount due for the increased coverage amount and will also include an outstanding charge for the additional coverage amount from the effective date of the increased coverage to the beginning of the quarterly bill.

COVERAGE START AND END DATES

When does coverage begin?

Your coverage becomes effective on the day after your coverage under your former employer's Group LTD plan ended, provided you make your first premium payment within 31 days of the due date indicated on your first bill.

However, if you apply for a monthly benefit greater than \$4,000, only the first \$4,000 will be effective immediately. The additional amount will not become effective until it has been approved by Prudential. You will only be billed for the first \$4,000 of coverage until you are notified, in writing, that the additional amount of coverage is approved. After you receive approval, a bill for the amount of coverage over \$4,000 will be issued.

When does coverage end?

Your coverage under the Group LTD Conversion Plan terminates when the first of the following occurs:

- ▶ You elect to terminate your coverage
- ▶ You become eligible for coverage under another group long term disability plan
- ▶ You fail to pay your quarterly premium when due
- ▶ You reach age 70
- ▶ The Group Contract, which provides for this coverage, ends

PLAN BENEFITS AND FEATURES

What are the features of this plan?

Benefit Begins:	Benefit Period†:	Limited Pay Period:
180 days following accidental injury or sickness.	Up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.	Disabilities due to mental illness, including substance abuse, are limited to 24 months of benefits during your lifetime.

†Prudential will stop sending payments while you are incarcerated as a result of a conviction.

How am I covered for a rehabilitation program?

While you are disabled and receiving benefits, you may participate in a rehabilitation program that prepares you to return to full-time employment. Under this provision, some of the expenses associated with rehabilitation may be paid with Prudential's approval.

What are the benefit exclusions?

You will not receive benefits for any period of disability caused by:

- ▶ Any intentionally self-inflicted injury
- ▶ Any war or act of war, including undeclared war



Send your LTD Conversion Form, completed and signed in its entirety, to:

The Prudential Insurance Company
of America
P.O. Box 8769
Philadelphia, PA 19176

- ▶ Active participation in a riot
- ▶ Commission of a crime for which you have been convicted under state or federal law

UNDERSTANDING LONG TERM DISABILITY COVERAGE

When am I considered disabled?

You are considered disabled when Prudential determines that due to your sickness or injury:

- ▶ You are unable to perform the material and substantial duties of your regular occupation;
- ▶ You are under the regular care of a doctor; and
- ▶ You have a 20% or more loss in your monthly earnings.

After 24 months of payments, you are considered disabled when Prudential determines that due to the same sickness or injury:

- ▶ You are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience; and
- ▶ You are under the regular care of a doctor.

Prudential will assess your ability and the extent to which you are able to work by considering the facts and opinions from your doctors and other medical and vocational experts of our choice.

The Booklet-Certificate you will receive after your insurance becomes effective will provide you with more details on Prudential's definition of disability.

What if I'm partially disabled?

While you are disabled and receiving benefits, you may recover sufficiently to resume some employment. If your disability earnings are less than 20% of your pre-disability earnings, your disability benefit will not be reduced. If your pre-disability earnings are 20% or more of your pre-disability earnings, the disability benefit will be reduced to the portion of lost earnings times the adjusted benefit but not less than \$50.00 per month.

An employee will not be considered partially disabled while earning more than 80% of pre-disability earnings during the first 24 months of disability payments or earning more than 60% of pre-disability earnings after 24 months of disability payments.

MAKING A DISABILITY CLAIM

What do I do if I become disabled?

Call Prudential at 800-842-1718 as soon as you have been disabled for six weeks. Be sure to mention the Prudential Group LTD Conversion Plan Control Number — 22560 — when calling and on all future correspondence. You will be provided with the forms needed to submit a disability claim. All claims under Prudential's Group LTD Conversion Plan will be administered by:

The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480
Philadelphia, PA 19176



Prudential

The Prudential Insurance Company of America
751 Broad Street, Newark, NJ 07102

Request for LTD Conversion Form

Prudential Group Long Term
Disability (LTD) Conversion Insurance Trust
Control No.: 22560

Employee Statement

Instructions for Employee: Please be sure to complete all three sections and sign this form on the bottom of the third page. This form must be submitted within 60 days from your employment's end. Your employer's signature is required on page five.

1 Employee Information

First Name (Please Print) MI Last Name

Social Security Number Date of Birth (MM DD YYYY) Gender M F

Mailing Address (Street)

City State ZIP Code

2 Employment Information

Employer Name

Your Occupation Job Duties

Date coverage began under a Group LTD Plan (MM DD YYYY) Reason for termination of coverage Disability Employment Terminated Retirement Leave of Absence No longer a member of an employee class eligible for Group LTD coverage Other _____ Employment termination date (MM DD YYYY)

Date coverage terminated under the Group LTD Plan (MM DD YYYY) Monthly earnings at date of termination \$

3 Conversion Information

Are you eligible for coverage under any other Group Long Term Disability Plan? Yes No

Are you enrolled for coverage under any other Group Long Term Disability Plan? Yes No

Scheduled Monthly Benefit selected equal to 60% of monthly earnings at date of termination not to exceed:

Option 1: a maximum of \$4,000.* Option 2: a maximum of \$8,000.* To convert to this option, you are required to submit medical evidence of insurability. Depending on your age and the amount of coverage requested, we may require an examination and/or blood test. If you choose this option you must complete Section 4 on the following page (Physician Information). The amount in excess of \$4,000 will not become effective until you are notified of acceptance by Prudential.

Amount of Scheduled Monthly Benefit enrolling for \$

*If your Scheduled Monthly Benefit under the group LTD Plan is less than the amount determined under the group LTD Conversion, you are eligible to enroll for the lesser amount. The Scheduled Monthly Benefit may be reduced by other sources of income. The Booklet-Certificate you will receive after your insurance becomes effective will provide you with more details.

4 Physician Information

If you selected Option 2 in section 3, an Evidence of Insurability form will be sent to you to complete. In addition, please indicate:

Physician's First Name (Please Print) MI Last Name

Physician's Address (Street) Telephone

City State ZIP Code



5 Mail Form to or Fax Form to The Prudential Insurance Company of America, P.O. Box 8769, Philadelphia, PA 19176
800-764-1469

Important Notice

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington:

WARNING – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE and WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

PENNSYLVANIA and UTAH RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.



VIRGINIA RESIDENTS – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This notice **ONLY** applies to accident and disability income coverage.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

Please make a copy of this entire form for your records.

Employee Signature X _____

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Date Signed (MM DD YYYY)

Employer Statement

Instructions for Employer: Please be sure to complete all four sections and sign this form on the bottom of the fifth page.

1 Employer Information

Name of Employer

Control Number

Branch

Employee First Name

MI

Employee Last Name

Social Security Number

2 Coverage Information

Coverage is being terminated due to:

Disability Employment Terminated
 Retirement Leave of Absence
 No longer a member of an employee class eligible for Group LTD coverage
 Other _____

Date coverage began under a Group Plan (MM DD YYYY)

Date coverage terminated under the Group Plan (MM DD YYYY)

Employment termination date (MM DD YYYY)

Was the employee covered under your LTD plan (present plan or combination of present and prior plans) for 12 months or more? Yes No

3 Employment Information

Note to Employer: Please attach a current job description and verification of salary.

Monthly earnings at date of termination
 \$

Employee's Occupation

4 Plan Information

Scheduled Monthly Benefit under the Group LTD Plan (e.g., 40%, 50%, 60%, 66 2/3%) % Maximum monthly benefit \$

Name of Employer Contact

Employer Address
 Street

City

State

ZIP Code

Employer Contact Telephone

Extension



The information provided is correct and complete to the best of my knowledge.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

Employer Signature X

Date Signed (MM DD YYYY)

<input type="text"/>							
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Long Term Disability Insurance coverage is issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Disability Support: 1-800-290-5903. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.

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Act Now to Continue Your Coverage!

You must apply within 60 days of termination.

Have Questions? Just Call:

Customer Service Center

888-262-6873

Monday through Friday

8:00am to 8:00pm ET



Group Long Term Disability conversion is not available to South Dakota residents.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverage is issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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