Prudential

Group Insurance
Please send the completed form and all attachments to:
The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176
Tel: 800-524-0542 Fax: 888-227-6764

Group Life Insurance Claim Form

How to complete and submit a Group Life Insurance Claim Form

1. **Complete Sections 1, 2, 3, 4, and 5 of the Group Contract Holder Statement portion of the Group Life Insurance Claim Form. Section 1 must be completed if the claim is for an employee/member, or for a dependent of an employee. Please be sure to complete the "Relationship to Employee" block.**

   For Dependent Term Life coverage on children, the employee is always the beneficiary. For Dependent Term Life coverage on a spouse, the employee is usually the beneficiary, except for certain Group Universal Life and Group Variable Universal Life coverage, in which the employee may be able to specify other beneficiaries.

2. **Detach the Beneficiary Statement and give a copy to each beneficiary. Ask each beneficiary to complete it and return it to you.** If there are multiple beneficiaries, each beneficiary should complete a beneficiary statement. It is only necessary for you to submit one Group Contract Holder Statement, regardless of the number of Beneficiary Statements completed. If you have difficulty obtaining forms from all beneficiaries, please submit the information you have.

   NOTE TO EMPLOYERS:
   1. If the Employee resides in the state of New York or received a certificate of coverage and/or originally enrolled for coverage while residing or working in the state of New York, then please provide the beneficiary with the NY Beneficiary Statement.

   2. If the beneficiary resides in Minnesota OR the deceased person resided in Minnesota at the time of his/her death, then please provide the beneficiary with the MN Beneficiary Statement.

3. **Return both the Group Insurance Contract Holder Statement and the Beneficiary Statement(s) with the required documents noted below to:**
   The Prudential Insurance Company of America
   Group Life Claim Division
   P.O. Box 8517
   Philadelphia, PA 19176

   If you have any questions, please call Group Life Claim Customer Service at 800-524-0542 and a customer service representative will assist you.

Documents to submit to Prudential

Submit the Group Contract Holder Statement, Beneficiary Statement(s), and the following attachments:

1. A certified copy of the death certificate.
2. A copy of the employee's enrollment card, if available.
3. A copy of the most recent beneficiary designation and any beneficiary changes, if applicable.
4. The certificate of insurance, if available.
5. If the insurance was assigned, attach a copy of the assignment and all related papers. If it is a collateral assignment, attach the assignee's statement of indebtedness.
6. If an accidental death claim is being filed, attach supporting information, such as a police report or newspaper clippings.
7. Legal documentation of the beneficiary for the following situations:
   If the beneficiary is
   (a) an estate, minor, or not competent to handle financial affairs: attach a certified copy of the court order appointing the legal representative.
   (b) a trust: attach a letter verifying that the trust is still in effect. If the trust is a testamentary, attach a certified copy of the will and a certified copy of the testamentary.
   (c) no longer living: attach a copy of the death certificate.
8. If a Business Travel Accident (BTA) claim is being filed, attach information requested in (7) together with documentation further substantiating the loss, such as a trip itinerary, travel tickets, etc.

Prudential

Group Insurance Contract Holder Statement

To be completed by Employer/Plan Administrator. Please complete all five sections.

1. Deceased's Information

First name | MI | Last name

Social Security number | Date of birth (mm/dd/yyyy) | Date of death (mm/dd/yyyy) | State of residence

Gender

☐ Male ☐ Female

Relationship to Employee

☐ Employee ☐ Spouse ☐ Child Other

Did decedent have accidental death coverage?

☐ Yes ☐ No

Date of accident (mm/dd/yyyy) | State of accident

AKA: First name | AKA: Last name

2. Employee/Member Information

First name | MI | Last name

Social Security number | Date of birth (mm/dd/yyyy) | Date last worked (mm/dd/yyyy)

Date of employment (mm/dd/yyyy)

☐ Hourly ☐ Salary ☐ Union ☐ Non-union ☐ Part time ☐ Full time

Occupation

Where employed

If not actively at work immediately prior to death, what was the reason?

☐ Disability ☐ Resigned ☐ Leave of Absence ☐ Retired ☐ Vacation ☐ Temporary Layoff ☐ Discharge

☐ Other

Street address | Apt/Suite (optional)

City | State | ZIP Code

Prudential

Deceased's Social Security Number

2. Employee/Member Information (continued)

☐ **Did the Employee receive a certificate of coverage and/or originally enroll for coverage while residing or working in NY?** *If yes, please provide beneficiary with the NY Beneficiary Statement.*

☐ **Did the deceased reside in MN at the time of death?** *If yes, please provide the beneficiary with the MN Beneficiary Statement.*

☐ **Does any beneficiary reside in NY or MN?** *If yes, please provide any beneficiary residing in NY with NY Beneficiary Statement, and any beneficiary residing in MN with the MN Beneficiary Statement.*

3. Employee Association Information

Employer's name

Street address

Apt/Suite (optional)

City

State

ZIP Code

Telephone number

Prudential

Deceased's Social Security Number

4. Insurance Coverage

Complete only the coverage(s) that apply to this claim.

Group Coverage	Control #	Amount	Effective Date of Coverage (mm/dd/yyyy)	Branch
☐ Basic Term Life		$	___ / ___ / _____	
☐ Optional Term Life		$	___ / ___ / _____	
☐ Dependent Term Life		$	___ / ___ / _____	
☐ Dependent Optional Term Life		$	___ / ___ / _____	
☐ Group Universal Life		$	___ / ___ / _____	
☐ Group Variable Universal Life		$	___ / ___ / _____	
☐ Dependent Group Universal Life		$	___ / ___ / _____	
☐ Dependent Group Variable Universal Life		$	___ / ___ / _____	
☐ Accidental Death		$	___ / ___ / _____	
☐ Group Universal Accidental Death		$	___ / ___ / _____	
☐ Dependent Accidental Death		$	___ / ___ / _____	
☐ Optional Accidental Death		$	___ / ___ / _____	
☐ Dependent Optional Accidental Death		$	___ / ___ / _____	
☐ Dependent Group Universal Accidental Death		$	___ / ___ / _____	
☐ Business Travel Accidental Death		$	___ / ___ / _____	
☐ Dependent Business Travel Accidental Death		$	___ / ___ / _____	

Salary Amount on Last Day Worked $ _____ . ___ per ☐ Hour ☐ Week ☐ Month ☐ Year

Was insurance ever assigned? ☐ Yes ☐ No
If yes, please attach a copy of assignment and all related papers. For collateral assignment, please attach assignee's statement of indebtedness.

Has insurance percentage increased in last two years? ☐ Yes ☐ No

__ – __ – ____
If yes, provide date (mm/dd/yyyy)

Was evidence of insurability required to secure current coverage? ☐ Yes ☐ No

Is there contributory insurance? ☐ Yes ☐ No

__ – __ – ____
Date last premium paid (mm/dd/yyyy)

Was insurance in force on date of death? ☐ Yes ☐ No

Conversion Privilege Offered (if available) _____

__ – __ – ____
If no, provide date (mm/dd/yyyy)

Did the employee or the covered dependent suffer a loss as defined by the BTA contract? ☐ Yes ☐ No
If yes, an officer of the company must provide a written statement validating the circumstances of the accidental death.

Prudential

Deceased's Social Security Number

5. Payment Information

Mail payment to:

☐ Employer at address listed on page 2 ☐ Beneficiary(ies) at address(es) listed below ☐ Other (specify in cover letter)

Please provide the following information about the beneficiary(ies). If the claim is for a dependent child, list the employee as beneficiary.

Beneficiary #1

Name of Beneficiary

Date of birth (mm/dd/yyyy) Social Security number Telephone number

Street address Apt/Suite (optional)

City State ZIP Code

Relationship to deceased

Beneficiary #2

Name of Beneficiary

Date of birth (mm/dd/yyyy) Social Security number Telephone number

Street address Apt/Suite (optional)

City State ZIP Code

Relationship to deceased

Completed by (name of representative of the employer or benefit administrator)

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.

I have read and understand the terms and requirements of the fraud warnings included as part of this form. I certify that the above statements are true.

Please print or type name

Signature Date Signed (mm/dd/yyyy)

Prudential

Deceased's Social Security Number

5. Payment Information (continued)

Mail payment to:

☐ Employer at address listed on page 2 ☐ Beneficiary(ies) at address(es) listed below ☐ Other (specify in cover letter)

Please provide the following information about the beneficiary(ies). If the claim is for a dependent child, list the employee as beneficiary.

Beneficiary #3

Name of Beneficiary

Date of birth (mm/dd/yyyy) Social Security number Telephone number

Street address Apt/Suite (optional)

City State ZIP Code

Relationship to deceased

Beneficiary #4

Name of Beneficiary

Date of birth (mm/dd/yyyy) Social Security number Telephone number

Street address Apt/Suite (optional)

City State ZIP Code

Relationship to deceased

Completed by (name of representative of the employer or benefit administrator)

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.

I have read and understand the terms and requirements of the fraud warnings included as part of this form. I certify that the above statements are true.

Please print or type name

Signature Date Signed (mm/dd/yyyy)

Prudential

Quick Start Guide

Group Insurance
Please send the completed form and all attachments to:
The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176
Tel: 800-524-0542 Fax: 888-227-6764

What you'll find in this package

- *Life Insurance Claim Form* – Please complete, sign and return this form to start the claim process.
- *Alliance Account information* – We explain this flexible, convenient option for receiving your claim proceeds that become due and payable pursuant to a Prudential life insurance policy.
- *The Authorization for Release of Information to Prudential* – Please review, complete and sign this section.

Note: On these pages, *I*, *you*, and *your* refer to the person making the claim. *We*, *us,* and *our* refer to the Prudential company that issued the policy. Please note that we will only use phone numbers and email that we collect to keep you updated on the status of your claim.

To submit your claim, follow these steps:

1. Decide how to receive your funds

Be sure to select a payment option when you complete the form. Your options include:

- Open an interest-bearing Alliance Account that offers immediate access to your funds together with draft-writing privileges. When your claim is paid by way of the Alliance Account, you can take as much time as you need to consider important financial decisions, while earning interest. Additionally, accessing your funds is as simple as writing a draft. You can leave the funds in your account for as long as you like, access any or all of your funds, and transfer funds to another available settlement option at no cost and at any time. Read more about the Alliance Account on pages 9-10 of the form for more information.
- Elect to receive a single lump sum check by mail.
- Select another settlement option as described on page 14.

2. Complete the enclosed form

Fill out the enclosed *Group Life Insurance Claim Form* that begins on the next page. Please follow the instructions and provide all requested information for prompt claim processing. Also, please review the fraud warnings found at the back of this statement.

The claim form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Group Insurance, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.

3. Return the signed claim form and supporting documentation

Please mail pages 8, 9, 11, and 12 of your claim form, as well as any additional documents that may be required, **including** a copy of the death certificate to:

The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176

Fax: (888) 227-6764
Email: grouplifeclaims@prudential.com

Do not return this page with the completed form.

Prudential

Group Life Insurance Claim Form

Group Insurance
Please send the completed form and all attachments to:
The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176
Tel: 800-524-0542 Fax: 888-227-6764

GETTING STARTED: If you have any questions about completing this form, please refer to the Instructions that begin on page 7 or contact us at 800-524-0542.

1. About You

Provide information about the person making the claim. Make sure to verify your Social Security number (SSN), Tax ID or EIN.

Control number (from cover letter provided)

Deceased's employer name

First name | MI | Last name

Street address | Apt/Suite (optional)

City | State | ZIP Code

Home phone | Mobile phone | Relationship to deceased

Email address

Date of birth (mm/dd/yyyy) | Social Security Number (SSN), Tax ID or EIN

2. About the Deceased

Provide information about the deceased.

First name | MI | Last name

Date of birth (mm/dd/yyyy) | Date of death (mm/dd/yyyy) | Social Security Number

3. Tax Certification

Please complete any applicable portions of (a) or (b) below. Make sure to have included your SSN/TIN in Section 1.

(a) Under penalties of perjury, I certify that:

- I am a U.S. Person (including resident alien);
- The Social Security/Tax ID number provided in "Section 1" above is my correct SSN/TIN;
- I am not subject to backup withholding due to failure to report interest or dividend income; and
- I am not subject to FATCA reporting.

Check the boxes below, if applicable:

☐ I am subject to backup withholding due to the failure to report interest or dividend income (see "Backup Withholding" in the Tax Certification Information section)

☐ I am subject to FATCA reporting

3. Tax Certification (continued)

(b) I am not a U.S. Person (including resident alien). I am a citizen of _____.
Attach the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY).

4. How to Receive Your Funds

About the Alliance Account: Eligible proceeds from your Prudential claim may be made available to you in an interest-bearing Prudential Alliance Account. With the Alliance Account you will have a flexible way to access your money.

Simply by writing drafts, you can get the funds you need now for immediate expenses, then take as much time as you want to decide what to do with the rest. You may wish to access the money periodically, or all at once.

How It Works: The Alliance Account is an interest-bearing account with draft-writing[1] privileges that allows full access to your funds immediately without any monthly fees. For complete information and eligibility requirements regarding the Alliance Account, please see the information below.

Eligible life claim benefits will be settled into the Alliance Account unless you select an alternate settlement option. (For information about alternate settlement options, see page 14 of this form.)

The Alliance Account gives you flexibility and convenience with all these benefits.

Easy and Immediate Access	Convenience and Flexibility	Your Money Continues to Grow
Upon approval of the death benefit claim, the full amount of the proceeds payable to you are paid via an interest-bearing Alliance Account established in your name.	You can leave the funds in the account for as long as you wish, access any or all of your funds, and transfer funds to another available settlement option at any time and at no cost.	The funds in your Alliance Account begin earning interest immediately and will continue to earn interest until they are withdrawn.[2] The current interest crediting rate is 0.50%, subject to a current minimum of 0.25%.

Advantages of the Alliance Account

Your Funds Are Secure

The Alliance Account is a settlement option under the original life insurance policy and is backed by the financial strength of The Prudential Insurance Company of America. See "How the Alliance Account Works" for details.

No Usage Fees

The Alliance Account has no monthly charges, per draft charges or draft reorder fees. Other fees may apply. See "How the Alliance Account Works" for details.

Multiple Payments – One Account

If you are the beneficiary on more than one life insurance policy or already have an Alliance Account, proceeds will be paid into one account. A key benefit of the Alliance Account is that, as a settlement option, you may be able to pass the claim proceeds balance tax-free to your beneficiary.

1 Alliance drafts are considered checks under federal law for certain purposes.
2 See "How Interest Is Earned" under "How the Alliance Account Works" for more details.

4. How to Receive Your Funds (continued)

Dedicated Customer Support
You can speak directly with a customer service representative between 8 a.m. and 8 p.m. Eastern Time, Monday–Friday at 800-524-0542. Written inquiries can be sent to Prudential, P.O. Box 8517, Philadelphia, PA 19176. You can also go online or call our automated voice-response system 24 hours a day to check your account balance, request additional drafts and more.

How the Alliance Account Works

Your Funds: All funds are held within Prudential's general account. It is not FDIC insured because it is not a bank account or a bank product. Funds held in the Alliance Account are guaranteed by State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage limitations on your account. State guaranty fund coverages are not determined by the insurance company.

How Interest Is Earned: The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily and credited every month. The interest rate may change and will vary over time, subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support. The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short-term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.

Account Statements: You will receive regular (either monthly or quarterly) statements showing your current balance, the interest you earned, the drafts you have written, your current interest rate, and any other account activity. The frequency at which the statements are mailed to you is determined by the activity in your Alliance Account.

Special Service Fees: There are fees for special services, which are subject to change, and include stop payments ($12.00 per draft/$25 maximum for 3 or more per day); cashed draft copy or statement copy ($2.00 per draft); drafts returned for insufficient funds ($10.00 per draft) and overnight delivery (based on carrier's charge).

Minimum Balance: If the balance falls below $250, you will receive a check for the remaining balance plus interest at the end of the monthly cycle in which the balance fell below $250. You can close the Alliance Account at any time by calling the Customer Service office. A check for the remaining balance and interest will be sent to you. Or, you can close the account by writing an Alliance draft for the balance and cashing it or depositing it at your own bank. Since interest accrues daily, a check for the remaining accrued interest will be sent to you.

Inactive Accounts: State law requires that if there is no account activity and we have had no contact with you regarding your Alliance Account after a number of years (time period varies by state), your Alliance Account may be considered "dormant." If your Alliance Account becomes "dormant," you will be mailed a check for the remaining balance plus interest, at your last address shown on our records. If you do not timely cash that check, your funds will be transferred to the state as unclaimed property. If your funds are transferred to the state, you may claim those funds from the state but you may be charged a fee by the state. Once your funds are transferred to the state, we no longer have any liability or responsibility with respect to your Alliance Account. **For Alliance Account funds paid under the Servicemembers' Group Life Insurance program, the treatment of those "dormant" funds may be different.**

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). The Bank of New York Mellon is not a Prudential Financial company.

Prudential

Group Life Insurance Claim Form

Deceased's Social Security Number

4. How to Receive Your Funds (continued)

Beneficiary Designation: The following must be completed unless you selected the single lump sum check payment option above. Any amount that remains payable upon your death will be paid to those listed below. If a beneficiary is not designated, or if all beneficiaries predecease you, any balance will be paid to your estate.

NOTE: If Alliance Account was selected as a payment option and will be owned by a Trust, a beneficiary cannot be named for the account. Successor Trustees must be named in the Trust Agreement.

Choose One:

☐ Pay my estate (If choosing "pay my estate" no other beneficiary can be selected)

☐ Pay beneficiary(ies) (Provide information below)

Primary Beneficiary (For additional beneficiaries, please add a separate sheet and indicate percentage allocated.)

First name | MI | Last name

Address

Telephone | Email address

Date of birth (mm/dd/yyyy) | Social Security number (SSN), Tax ID or EIN | Relationship to you

5. Signature

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.

I have read and understand the terms and requirements of the Claim Fraud Warnings included with this form.

The Internal Revenue Service does not require your consent to any provision in this document other than the certifications required to avoid backup withholding.

Beneficiary's or Claimant's signature | Date Signed (mm/dd/yyyy)

Prudential

Group Life Insurance Claim Form

Deceased's Social Security Number

6. Authorization for Release of Information to Prudential Insurance Company

This Authorization is intended to comply with the HIPAA Privacy Rule.

First name | MI | Last name

Date of birth (mm/dd/yyyy) | Social Security number (SSN), Tax ID or EIN | Relationship to deceased

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment or services pertaining to:

First name of deceased | MI | Last name of deceased

or on my (his/her) behalf ("My Providers") to disclose my (his/her) entire medical record for me or my dependents and any other health information concerning me (him/her) to The Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of HIV infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data or records relating to credit, financial, earnings, travel, activities or employment history to Prudential.

By my signature below, I acknowledge that any agreements I (he/she) have made to restrict my (his/her) protected health information do not apply to this Authorization and I instruct My Providers to release and disclose my (his/her) entire medical record without restriction.

This information is to be disclosed under this Authorization so that Prudential may: (1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (2) obtain reinsurance; (3) administer coverage; and (4) conduct other legally permissible activities that relate to any coverage I (he/she) have (has) or have (has) applied for with Prudential.

This Authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 8517, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this Authorization to release his/her complete medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to request and receive a copy of this Authorization.

Signature of Insured/Patient or Personal Representative | Date Signed (mm/dd/yyyy)

Please Print Name | Description of Personal Representative's Authority or Relationship to Insured

Return this page with the completed form.

Prudential

Group Life Insurance Claim Form

About You

Indicate who is claiming the life insurance proceeds. If there is more than one beneficiary, each beneficiary must complete a separate form. We only need one copy of the death certificate. Please note that we will only use phone numbers and email that we collect to keep you updated on the status of your claim.

Tax Certification

Taxpayer Identification Number (TIN)

You must include a TIN for the beneficiary, this is:

- A Social Security number (SSN) if the beneficiary is an individual or the owner of a sole proprietorship.
- The employer identification number (EIN) if you represent a trust, estate, corporation, partnership, or tax-exempt organization.
- The TIN of the grantor/trustee if you represent a grantor trust, or that of the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.
- If you are a guardian completing this form for someone else, including a minor, be sure to provide that person's SSN.

Backup Withholding

You must tell us if the IRS has notified you that you are subject to backup withholding because you didn't report all your taxable interest and dividends on your tax return. You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding. If you have been notified that you are subject to backup withholding, please check the box as indicated.

Foreign Account Tax Compliance Act (FATCA)

Any entity making a payment of U.S. source income must consider whether it is subject to FATCA. A payor must collect documentation about the payee's status or withhold at 30%. Nontaxable payments, such as income tax–free death benefits from nonqualified life insurance contracts, are not subject to FATCA.

Citizenship

You must indicate if you are not a U.S. Person (including resident alien). In that case, you must state the country in which you are a citizen and submit the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most situations, the IRS Form W-8BEN will be the appropriate IRS Form W-8.

Important Information

COLORADO RESIDENTS – Funds held by insurance companies are guaranteed by the Colorado Life and Health Insurance Protection Association, but are not guaranteed by the Federal Deposit Insurance Corporation (FDIC). Please contact the Colorado Life and Health Insurance Protection Association, the National Organization of Life and Health Guaranty Associations, or the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations to your account.

ILLINOIS RESIDENTS – Payment on accidental death and dismemberment claims made after 31 days from the day we receive proof of accidental death or dismemberment of the insured, under the policies issued in Illinois, will include interest at the rate of 10% per year. The interest will be payable from the date of accidental death or dismemberment to the date of payment.

LOUISIANA RESIDENTS – The Louisiana Department of Insurance is located at 1702 N. 3rd Street, Baton Rouge, LA 70802 and can be reached by calling 800-259-5300. Written inquiries can be sent to the Louisiana Department of Insurance, Post Office Box 94214, Baton Rouge, LA 70804.

Prudential

Group Life Insurance Claim Form

Deceased's Social Security Number

Understanding Your Options

A claim is not eligible for an Alliance Account when:

- Benefits from all policies total less than $5,000.
- The beneficiary resides outside the U.S., is a minor, corporation, partnership, tax-exempt entity, or other ineligible third party.
- The beneficiary is a trust with more than one trustee, the trust is not authorized to own or withdraw funds from a life insurance policy, or the trust is a testamentary trust.
- The person who owned the policy established specific provisions about death benefit payment. In these situations, the claim is paid by check or another option.

You may choose one of the following settlement or payment options as an alternative to Alliance Account.

Lump Sum Payment Options

Prudential offers two types of lump sum payment options. Each option type provides full payment through either a single check or immediate access to the entire proceeds of the policy as described below.

Proceeds Held at Interest	While proceeds are held at interest, you receive regular interest payments with the right to withdraw the unpaid balance. You may also elect to have interest accumulate.
Lump Sum Check	Receive the full benefit in a single lump sum check.

Installment Payment Options

Prudential also offers a number of deferred payment options, which pay out the proceeds over a period of time that you select (e.g., over your lifetime). If you select a deferred payment option, we will provide you with a written description of the terms of the installment payment option you selected.

Life Income	Monthly payments to you for life.
Life Income with a Certain Period	Monthly payments to you for life with a certain period of guaranteed payments to you or your named beneficiary.
Fixed Period	Payment for an elected number of years, with the right to withdraw the present value of unmade payments.
Fixed Amount	Payments of a selected amount until the proceeds and interest earned are fully paid to you, with the right to withdraw the unpaid balance.

The tax treatment of the death benefit may be different depending on the settlement option you choose. Please consult your tax advisor for advice. Should you have any questions about these settlement options, please contact Prudential at 800-524-0542.

Prudential

Claim Fraud Warnings

For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, 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.

ARIZONA RESIDENTS – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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.

CALIFORNIA RESIDENTS – For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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 HAMPSHIRE RESIDENTS – Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY RESIDENTS – Any person who knowingly files a statement of claim containing any false or misleading information 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.