

The Prudential Insurance Company of America

751 Broad Street
Newark, NJ 07102

Tennessee Board of Regents

Prudential Long Term Disability Insurance Plan

Non-Exempt Enrollment Form (please complete entire form)

Check One: (All terms and conditions of the policy apply)

☐ **New Hire**

☐ **Change (IMPORTANT)** If you fail to enroll when eligible or are increasing coverage, you are required to furnish evidence of insurability (EOI) to The Prudential Insurance Company of America (Prudential). Coverage subject to EOI is not effective until approved by Prudential.

☐ **Reclassification (IMPORTANT)** Employees have 31 days from the date of reclassification to move into any level of the exempt plan without having to furnish EOI.

Important information concerning pre-existing conditions:

Please read your certificate carefully or contact your Human Resource Representative for further information. Your certificate shows the pre-existing condition exclusion and describes how the exclusion works.

For additional information please see your Human Resource Representative.

1. Please complete the following information:

Social Security Number - -	Name (last, first, middle initial)	
Street		
City	State	Zip
Date of Birth / /	Date of Hire / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Change Date / /	Reclassification Date / /	
Company/Location	Annual Salary \$	Occupation

2. Please read, mark one of the boxes below, then sign and return this form to your Benefits Office:

☐ I REQUEST COVERAGE under the Long Term Disability Insurance Plan through my employer's group insurance contract, as now or hereafter applicable to me, and authorize the appropriate deductions from my wages. **PLEASE CHOOSE AN OPTION BELOW: Options 1 through 3 pay a maximum benefit of \$6000 less deductible sources of income**

- ☐ Option 1 – 50% with 6– month elimination period
- ☐ Option 2 – 60% with 4– month elimination period
- ☐ Option 3 – 60% with 3– month elimination period

☐ I DECLINE COVERAGE under the Long Term Disability Insurance Plan. I understand that if I desire to apply at a later date for the benefits that I have declined, I will have to furnish evidence of insurability and be approved by Prudential.

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 fraud warnings included as part of this form.

Employee Signature

Date

3. To be completed by the Employer:

Effective Date of Coverage: _____ Benefit Administrator's Signature: _____

Important: If a change is due to reclassification and the employee wishes to remain in his or her original plan, he or she must complete **Reclassification Form B** indicating his or her intent not to change plans.

For residents of all states except the Alabama, District of Columbia, Florida, Kentucky, Maryland, New Jersey, New York, 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.

DISTRICT OF COLUMBIA RESIDENTS 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.

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.

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 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 a statement of claim for payment of a loss or benefit may have violated state law, is 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.

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.

Group Long Term Disability coverage insurance is issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. 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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