

# The Prudential Insurance Company of America

## Evidence of Insurability

### Instructions for Employer/Association

1. Complete the form below.
2. Also complete all sections of the form noted "PART A" including product related information as applicable to the plan(s) requiring medical evidence of insurability.
3. The entire package should then be given to your employee or member for completion of Part B.

In the space below, insert mailing address to which the notice of action should be sent.

Branch subsidiary location & name  $\longleftrightarrow$  Submitting Location: XYZ

Please make sure that you provide the name of your employer and not the branch subsidiary name.  $\longleftrightarrow$  Employer/Association Name & Address:

ABC Company

123 Elm Street

Newark, NJ

Please include your company's 5 digit contract number on all applications.  $\longleftrightarrow$  Group Contract No. 12345 Branch No. 001  
(if applicable)

Please complete so we can call you if we have questions.  $\longleftrightarrow$  Signed for Employer/Association by:

Mary Smith

Name

HR Director

Title

xxx-xxx-xxxx

Telephone Number

2/1/01

Date

**ONLY COMPLETE FOR THOSE EMPLOYEES WHERE EOI IS REQUIRED  
AND ONLY FOR THOSE COVERAGES WHERE EOI IS REQUIRED.**

**Part A Employer/Association Information**

Complete this page as applicable to the plan(s) requiring evidence of insurability, then give this package to the employee/member.

Employee/Member First Name J a n e MI P Last Name D o e

Date of Birth 1 1 1 0 5 4 Social Security Number 1 2 3 - 4 5 - 6 7 8 9 Sex  Male  Female

Street 3 6 P a l m D r i v e Apt. \_\_\_\_\_

City L i v i n g s t o n State N J ZIP code 0 7 0 3 9 - \_\_\_\_\_

Date individual first became eligible for coverage(s)/amount(s) of insurance this form applies to: 0 7 0 1 0 1

Employee/Member Annual Earnings: \$ 48,000

Is application being made for amounts above the Life non-medical maximum? Yes  No

Is application being made as a late entrant? Yes  No

Is application being made for dependents? Yes  No

Date employee became eligible for benefits—for new employees this is the date of hire if no waiting period applies.

A late entrant is an applicant who applies for insurance or an increase in insurance after the initial eligibility date, typically 31 days.

**Life/AD&D**

Total Non-Medical Maximum \$ 200,000 (Guaranteed Issue Amount)

	Current Amount Inforce	+	Add'l or Initial Amount Requested	=	Total Amount
Employee/Member	\$ <u>150,000</u>	+	\$ <u>250,000</u>	=	\$ <u>400,000</u>
Spouse	\$ <u>0</u>	+	\$ <u>50,000</u>	=	\$ <u>50,000</u>
Child	\$ <u>EOI NOT REQUIRED</u>		\$ <u>EOI NOT REQUIRED</u>	=	\$ _____

The amount the applicant already has inforce. This would usually not include Basic Term life coverage unless the Non-Medical Maximum amount also includes the Basic amount.

**Long Term Disability** (This should always reflect a monthly benefit amount)

(Examples assumes current amount is 50% base plan and the additional amount or initial amount requested is a 10% buy-up plan.)

	Current Amount Inforce	+	Add'l or Initial Amount Requested	=	Total Amount
Employee/Member	\$ <u>2,000 per mo.</u> <small>*(\\$48K÷12X50%)</small>	+	\$ <u>400</u> /mo <small>*(\\$48K÷12X10%)</small>	=	\$ <u>2,400</u>

**Survivor Benefits Life**

	Current Amount Inforce	+	Add'l or Initial Amount Requested	=	Total Amount
Spouse	\$ <u>0</u> /mo	+	\$ <u>800</u> /mo	=	\$ <u>800</u>
Child	\$ <u>0</u> /mo	+	\$ <u>100</u> /mo	=	\$ <u>100</u>

Although benefit applies to spouse & child; it is the employee who submits evidence of insurability.

**Weekly Disability Income/Accident & Sickness Benefit** (This should always reflect a weekly benefit amount)

Amount \$ 750.00