



This information initiates Prudential processing that ultimately produces your contract, Booklet/Certificates and bills. Please complete this information accurately and return it promptly to your Prudential Representative. California Certificate of Authority number 1179 and NAIC number 68241.

SECTION 1: COMPANY INFORMATION

Company Legal Name (Please use punctuation and any abbreviations that apply. Only use capitalization when it applies.)

Doing Business As (D.B.A.) Name

Full Name as preferred for the Booklet (Please use punctuation and any abbreviations that apply. Only use capitalization when it applies.)

Employer Tax ID#, New York UI# (DBL Only), Hawaii DOL# (TDI Only) grid boxes

Are there any subsidiaries or affiliated companies covered under this plan? Yes No (If Yes, please complete Section 8 of this form.)

SECTION 2: ERISA PLAN INFORMATION

ERISA Plan Sponsor

Schedule A Requested? Yes No Plan Number All Coverages Life Disability Plan Year Ends (MM/DD)

SECTION 3: DEMOGRAPHICS

Number of Total Eligible Lives grid box

- A. Are there employees not actively at work as of the Effective Date? Yes No (If Yes, please provide names or indicate on final census.)
B. Are there covered lives outside of the U.S.? Yes No If Yes, how many? grid box Where?
C. Do you have any employees who do not have a United States Social Security Number (SSN)? Yes No (If Yes, please answer questions D and E.)
D. If you have employees who do not have actual SSNs, what is your process for assigning SSN placeholders?
E. If the employee obtains an actual SSN, do you then re-use the SSN placeholder number for other employees? Yes No
F. Are there covered lives in locations other than the state where the Master Application was signed? Yes No

Actual Distribution of Covered Lives by State – Please provide number of employees working in each state.

Table with 9 columns for states: AK, CT, IA, LA, MO, NH, OK, TN, WI, AL, DC, ID, MA, MS, NJ, OR, TX, WV, AR, DE, IL, MD, MT, NM, PA, UT, WY, AZ, FL, IN, ME, NC, NV, RI, VA, CA, GA, KS, MI, ND, NY, SC, VT, PR, CO, HI, KY, MN, NE, OH, SD, WA



SECTION 4: BILLING

Bill Type:

Please check off bill type: Self-Administered Bill Roster Bill

If you have selected the Roster billing method, a final census with the following information is required.

- Employee Full Name, Social Security Number, Gender, Date of Birth, State/ZIP of Employment, Date of Hire, Job Title, Class Description, Election Amounts for Employee-Paid Plans, Prior Coverage Amounts (if applicable), Covered Annual Earnings, Spouse Date of Birth (if applicable)

Billing Statement Delivery Method:

Groups with 250 or more lives, please check off which method for your billing statement delivery:

Online Paper

Groups with fewer than 250 lives will receive their billing statements through online delivery only.

SECTION 5: ELIGIBILITY INFORMATION

Covered Class Descriptions (i.e., Officers, Managers, All Employees, etc.)

CLASS:

Employee Waiting Period (EWP)

Table with 13 columns: Coverages, No EWP Applies, Immediately Following (Days, Months, Years), 1st of the Month Following (Days, Months, Years), 1st of the Month Coinciding with or Following (Days, Months, Years), Present & Future, (OR) Future Only, Minimum Hours per Week. Rows include Basic Life, Opt. Life, STD, LTD.

Definition of Earnings:

Base Annual Earnings Only, Prior Year W-2, Other, Base Annual Earnings + Bonus*, Base Annual Earnings + Commissions*, Base Annual Earnings + Bonus + Commissions*, *Bonuses Averaged over 12 Months, 24 Months, *Commissions Averaged over 12 Months, 24 Months

Are the covered annual earnings on the final census reflective of this definition of earnings? Yes No

Covered Class Descriptions (i.e., Officers, Managers, All Employees, etc.)

CLASS:

Employee Waiting Period (EWP)

Table with 13 columns: Coverages, No EWP Applies, Immediately Following (Days, Months, Years), 1st of the Month Following (Days, Months, Years), 1st of the Month Coinciding with or Following (Days, Months, Years), Present & Future, (OR) Future Only, Minimum Hours per Week. Rows include Basic Life, Opt. Life, STD, LTD.

Definition of Earnings:

Base Annual Earnings Only, Prior Year W-2, Other, Base Annual Earnings + Bonus*, Base Annual Earnings + Commissions*, Base Annual Earnings + Bonus + Commissions*, *Bonuses Averaged over 12 Months, 24 Months, *Commissions Averaged over 12 Months, 24 Months

Are the covered annual earnings on the final census reflective of this definition of earnings? Yes No

If additional classes are required, please duplicate this page, and complete, as needed.



SECTION 6: COVERAGE ACKNOWLEDGEMENT

Table with 5 columns: Life Coverages Requested, Sold, Prior Carrier Name (If no prior carrier, please write "none"), Employer Pays %, Employee Pays %

Complete if Optional Life and/or Optional AD&D is elected:

- A. Spouse Rates are based on: Employee Age Spouse Age (Please provide spouse DOB on the final census.)
B. Optional AD&D amounts must match Optional Life amounts: Yes No
C. Is an Optional Life election required before OAD&D can be elected? Yes No
D. If Optional Life elected, automatically enrolled in OAD&D: Yes No
E. Age-based changes occur: Policy anniversary First of the month following attained age January 1st July 1st
F. Payroll Cycle: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12) Other
The Open Enrollment Period is for the initial enrollment with Prudential. It is normally 30 days prior to the effective date. Please estimate the dates if necessary.
G. Dates for Open Enrollment Period (if approved):

WORK/LIFE RESOURCES

Complete for ComPsych services.
Selection of these services should mirror sold proposal.

ComPsych Services

Were any ComPsych Services purchased? Yes No

If so, please check all that apply:

- GuidanceResources (EAP) Telephonic OR Face-to-Face number of sessions selected (3-10 available)
EstateGuidance (Online Will Prep)
FinancialPoint (Beneficiary Financial Counseling)
FinancialPoint Plus (includes EstateGuidance and FinancialPoint)
My GuidanceResources (includes EAP Face to Face and FinancialPoint Plus) Number of sessions selected (3-10 available)
BereavementCare (Loss/Grief Counseling) 3 Telephonic sessions OR 3 Face-to-Face sessions
IDResources (ID Theft Resolution)
FamilySource (Work/Life Resources)



SECTION 6: COVERAGE ACKNOWLEDGEMENT (Continued)

Disability Coverages Requested	Sold	Prior Carrier Name (If no prior carrier, please write "none")	Employer Pays %	Employee Pays %	Please Indicate if Premiums Are Paid with Pre-Tax or Post-Tax Dollars	
					Pre-Tax	Post-Tax
Long Term Disability			*		Pre-Tax	Post-Tax
Long Term Disability ASO/ATP			*		Pre-Tax	Post-Tax
LTD Buy-Up			*		Pre-Tax	Post-Tax
Short Term Disability			*		Pre-Tax	Post-Tax
Short Term Disability ASO/ATP			*		Pre-Tax	Post-Tax
Hawaii Temporary Disability Insurance			*		Pre-Tax	Post-Tax
New Jersey Temporary Disability Benefit			*		Pre-Tax	Post-Tax
New York Disability Benefit Law			*		Pre-Tax	Post-Tax
Puerto Rico Disability Benefit Law (DBL)			*		Pre-Tax	Post-Tax

*If Employer Pays is checked, does the employer add premium dollars to the employee's earnings? Yes No
 If so, which coverages? LTD STD Hawaii TDI NJ TDB NY DBL PR DBA

Complete only if Short Term Benefits are elected.

If any employees work in California, Hawaii, New Jersey, New York, Puerto Rico, or Rhode Island, please answer the following two questions.

Are these employees covered under the Prudential plan? Yes No
 If Yes, are these employees covered under the Statutory plan? Yes (Coverages should be checked off in grid above.) No

Disability Tax Services

Prudential offers two tax reporting services for disability sick pay. The below options are for Short Term Disability
Please note: Insured Long Term Disability plans are automatically set up with the FICA match option, which includes W-2 services as part of your contract.

Option 1- FICA Match Service including W-2 service: With this service, Prudential acts as the employer and does the necessary state and federal tax reporting under Prudential's EIN, pays employer share of FICA tax, and issues sick pay Forms W-2 directly to the employee. The employer is responsible only for the Unemployment (FUTA/SUTA) tax. Detailed Quarterly Disability Tax reports are issued for your review and verification of benefits. This report can also be used to complete the Unemployment (FUTA/SUTA) tax reporting.

Yes (This option will impact the rates.) **No**

If Yes, coverage type (Pick as many that apply.)

All STD Hawaii TDI NJ TDB NY DBL PR DBA

Option 2 W-2 only service: Under this service, Prudential will generate your sick pay Form W-2 under your Employer Name and EIN and mail directly to the employee. The employer is responsible for matching the employer's share of FICA tax and all the necessary federal, state, and employment tax reporting.

Yes **No**

If Yes, coverage type (Pick as many that apply.)

All STD Hawaii TDI NJ TDB NY DBL PR DBA

Please Note: If neither of the above service is elected, the employer will be responsible for all the necessary tax reporting including issuing sick pay Form W-2, matching and reporting the employer's share of FICA tax, and filing the sick pay records with the federal and state authorities. Disability tax reports will be available for your reporting purposes.

The following section is only required if Option 2 is elected:

If there are covered lives in multiple states, please provide the state and the state EIN information below:

State □□	State EIN (Withholding ID#) □□□□□□□□□□	State □□	State EIN (Withholding ID#) □□□□□□□□□□
State □□	State EIN (Withholding ID#) □□□□□□□□□□	State □□	State EIN (Withholding ID#) □□□□□□□□□□



SECTION 7: CONTACT INFORMATION

Prudential Group Insurance standard method of material delivery is through the online Employer Portal Site. This includes: Billing Statements, Evidence of Insurability (EOI) Reporting, Forms, Certificate Booklets, Claim Status, Claims Reporting, and Disability Tax Reporting. Information is provided in electronic file format to allow easy online access to information and the ability to print on demand.

The person(s) indicated below may have access to confidential employee information.

PRIMARY contact and decision maker for employee benefits:

All Claims Enrollment Booklets Disability Tax Billing

First Name Last Name

Title

Address

City State ZIP Code

Email

Telephone Number Ext. Fax Number
[][][][] [][][][] [][][][][] [][][][][] [][][][][]

The following information is required for online web services identification:

Last 4 digits of SS# Birth Date (MM/DD/YYYY)
[][][][] [][] [][] [][][][][]

SECONDARY contact and decision maker for employee benefits:

All Claims Enrollment Booklets Disability Tax Billing

First Name Last Name

Title

Address

City State ZIP Code

Email

Telephone Number Ext. Fax Number
[][][][] [][][][] [][][][][] [][][][][] [][][][][]

The following information is required for online web services identification:

Last 4 digits of SS# Birth Date (MM/DD/YYYY)
[][][][] [][] [][] [][][][][]

Please use separate page to add additional contacts.



SECTION 8: ASSOCIATED COMPANIES

SKIP THIS SECTION IF THERE ARE NO SUBSIDIARY OR AFFILIATED COMPANIES.

Please list any subsidiary or affiliated companies of the employer to be included under the sponsoring company's plan. Include name and address of the affiliate or subsidiary, number of participating employees, and Tax ID.

Full Legal Name of Associated Company (Please use punctuation and any abbreviations that apply. Only use capitalization when it applies.)

Employer Tax ID#, New York UI# (DBL Only), Hawaii DOL# (TDI Only) with corresponding grid boxes for input.

Address

City State ZIP Code

Are there covered lives outside of the U.S.? Yes No If Yes, how many? Where?

Billing Options: Separate bills Combined bill with no separation Combined bills, separated by company

Is separate claim reporting needed? Yes No

The person(s) indicated below may have access to confidential employee information.

Subsidiary/associated company's primary contact and decision maker for benefits:

All Claims Enrollment Booklets Disability Tax Billing

First Name Last Name

Title

Address

City State ZIP Code

Email

Telephone Number Ext. Fax Number with corresponding grid boxes for input.

The following information is required for online web services identification:

Last 4 digits of SS# Birth Date (MM/DD/YYYY) with corresponding grid boxes for input.

Check here if additional subsidiaries or affiliated company information provided on a separate sheet.

SECTION 9: FORM COMPLETION ACKNOWLEDGEMENT

Prudential reserves the right to re-rate a quote upon receipt of final census and depending on the responses provided on this form.

Form completed by: Title: Date (MM/DD/YYYY)