

Client Information

Client/Group Name
Client Control/Group Number
Authorizer
Authorizer's Email
All of the above fields are required. The Authorizer is the individual who can determine which employees should have Internet access to their plan data, typically Human Resources or a benefits manager. For security reasons, once a year this person will be required to perform a review of current users with access to their plan data.
User Information
To modify a User that already has an ID with Prudential Group Insurance, indicate "Modify User," the User ID, and provide the change information below. If access should be removed from a particular application, indicate "no" for that application. To remove access from a User entirely, indicate "Remove User" and the User ID.
Client Broker/Producer Broker/Producer
🗆 New User 🗆 Modify User If Modify; User ID 🖾 Remove User If Remove, User ID
Full Name — First, Middle Initial, Last
Social Security Number (last four digits)
Telephone Number
Birth Date (mm dd yyyy)
Email Address
All of the above fields are required.
Internet Services Requested Please indicate the Internet Service(s) applicable for this user:
Should this user be entitled to all Internet Services and Branches that apply to this group? Yes D No (Please check all that apply and/or list specific Branches below.)

Online Billing

Each Bill Group/Branch that will be Internet billed must have at least one User. If a Bill Group/Branch would like to switch to Internet billing, please contact your Prudential representative for assistance.

All Bill Groups/Branches 🛛 Yes 🖾 No (Please list below.)

Please list specific Bill Groups/Branches to be accessed by User

Bill Groups/Branches to be added or removed (for Modify User only)

Disability Claims

	isability web	Center is no	t applicable to cases	with Life co	d Tax Reporting or it may be restricted. Please indicat verages only.
Claim Reporting and Submissi	on: 🗆 Yes	🗆 No	All Branches:	🗆 Yes	□ No (Please list below.)
Please list specific Branches	to be accesse	ed by User			
Tax Reporting:	🗆 Yes	🗆 No	All Branches:	🗆 Yes	🗆 No (Please list below.)
Please list specific Branches	to be accesse	ed by User			
Online Document Center	r: 🗆 Yes	🗆 No	All Documents:	🗆 Yes	\Box No (Please check all that apply.)
Contracts Only Contra	acts and Certi	ficates 🗆	Certificates Only	∃ Administra	ative Materials Only
Life Claims Access to the Life Web Cente Please indicate your preferen	r can be provi ce below. The	ded for both Life Web C	I Claim Reporting and enter is not applicab	l Claim Subn le to cases v	nission or it can be restricted to Claim Reporting only. vith Disability coverages only.
Claim Reporting:	🗆 Yes	🗆 No	All Branches:	🗆 Yes	\Box No (Please list below.)
Please list specific Branches	to be accesse	ed by User			
Claim Submission:	🗆 Yes	🗆 No			
Please provide Client Address	3				
Medical Underwriting Medical Underwriting is not a	pplicable on c	ases where	evidence of insurab	ility does not	t apply.
Medical Underwriting:	🗆 Yes	🗆 No	All Branches:	🗆 Yes	🗆 No (Please list below.)
Please list specific Branches	to be accesse	ed by User			
Comments					

Application Authorization

By completing and signing this form we confirm the following statements:

- We agree to the usage of electronic transactions and electronic records for current and future transactions pertaining to the Employer group life/disability coverages conducted through the www.prudential.com Internet site, effective on the date we click the "submit" button.
- We understand that we have the right to withdraw such consent at any time as set forth below.
- We understand that this access only provides access to us, and any agent or vendor acting on our behalf, to information we are authorized to
 access under applicable state and federal laws.
- We understand that we have the option to print and retain paper copies of any electronic records generated and to obtain paper copies of any
 electronic records generated during website transactions concerning these coverages.
- We understand that to obtain paper copies of electronic records kept by Prudential concerning these coverages, or to withdraw its consent to
 usage of electronic records, we must contact Prudential as set forth below.
- We understand that in the event its contact information changes or any error is detected, we must immediately notify Prudential of the changes
 via the Contact Us section of the <u>www.prudential.com</u> Internet site, or by contacting a Prudential representative.
- We understand that to access and conduct transactions relating to group coverages via the <u>www.prudential.com</u> Internet site, we must have access to a personal computer, which is capable of supporting Internet access and a compatible browser application.

Name and Title of Authorizer

Date

Email Completed Form to: GI_WEB_SIGNUP@prudential.com. Fax Completed Form to: 800-493-1763.

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