



Group Disability Survivor Benefit Election Form

Applicable to New York policies only

Your group disability plan (Short Term Disability and/or Long Term Disability) provided by The Prudential Insurance Company of America includes a Survivor Benefit. The survivor benefit is paid to your spouse or Domestic Partner, if living, otherwise, to your children under age 25, unless you have chosen another eligible survivor. Refer to your Certificate for benefit details.

If you want to elect to have the Survivor Benefit paid to someone else other than your spouse or Domestic Partner, if living, or otherwise to your children under age 25, please provide the information below and return to your employer. You do NOT need to complete this form if you want the Survivor Benefit paid to your spouse, Domestic Partner, if living, or otherwise to your children under age 25.

Employee Last Name, Employee First Name, Employee ID (if applicable), Gender (Male/Female), Marital Status (Married/Single/Widowed/Divorced), Address, Apt., City, State, ZIP Code, Date of Birth (MM DD YYYY), Date of Hire (MM DD YYYY), Daytime Telephone Number, Evening Telephone Number, Name of Employer/Group Policyholder, Control Number

Eligible Survivor Information (Not spouse, Domestic Partner, if living, children under the age of 25)

Last Name, First Name, Relationship, Date of Birth (MM DD YYYY), Telephone Number, Social Security Number, Survivor Address, Apt., City, State, ZIP Code, Date (MM DD YYYY)

X \_\_\_\_\_  
Employee Signature

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