

## Group Insurance

The Prudential Insurance Company of America c/o Transaction Applications Group, Inc. as Third Party Administrator P0 Box 83408 Lincoln, NE 68501-3408 Phone: 877-920-4778 Secure Fax: 844-581-2757

## Critical Illness Insurance Electronic Funds Transfer Authorization

1 Election

To receive your payment by Electronic Funds Transfer (EFT) once your claim has been reviewed and a determination has been made, please provide us with the following information. If you elect to have Prudential deposit the funds in your savings or checking account, you must first check with your bank to obtain the correct bank transit routing number and account number for electronic deposit. Please note that a deposit slip does not contain acceptable banking information. If you have any questions, please call us toll free at 877-920-4778.

2 Employer/ Claimant														
Information	Employer's Name		Contro	l Number										
	Insured (Employee) First Name	Insured (Employee) MI	Insured (Employee) Last Name											
	Address													
	City													
	State	ZIP Code												
	Social Security Number Primary Phone Number													
	Please check if the insured	l is the claimant; if not, please comp	plete claimant information.											
	Claimant First Name	Claimant MI	Claimant Last Name											
	Address													
	City													
	State		ZIP Code											
	Social Security Number	Primary	y Phone Number											
3 Banking Information	Bank Name													
	Branch Phone Number	Type of Account (Select One) Bank Account Number	Savings Checking											



4

Cla	Claimant First Name											Claimant Last Name																			

## 

Name \_\_\_\_

Date \_\_\_\_



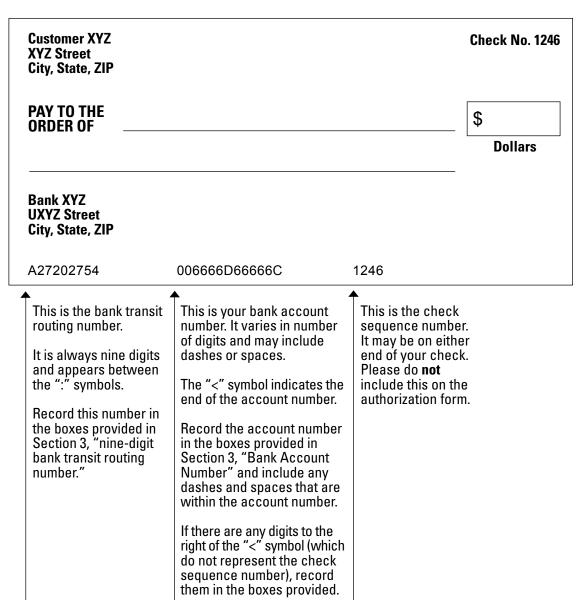
Claimant First Name										Claimant Last Name																		

5 Ir

Instructions for Completing Section 3, "Banking Information"

This will help you identify the necessary bank information to initiate electronic deposits. The nine-digit transit routing number is how we recognize the bank you do business with.

Record all banking information on page 1 of the form in Section 3, "Banking Information." Please call your bank to confirm that the information you are supplying is correct.



*This page consists only of Instructions*: It is not necessary to return this page with your *EFT Authorization*.

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