

General Information (Employee)		Effective Date of Coverage (for office use only) _____/_____/_____	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Social Security No. ____-____-____	PSU ID No. _____	Date of Birth Month Day Year ____/____/____	
Date Employed Month Day Year ____/____/____	Your Annual Earnings \$ _____	<b>(For Prudential Use Only)</b>  <b>Control # 35200</b>	
<b>Option 1 - Long Term Disability</b>			
<input type="checkbox"/> I wish to enroll for the Long Term Disability insurance coverage at \$0.249 per \$100 covered monthly payroll. I authorize my employer to deduct contributions for the cost of the plan from my earnings.			
<b>Option 2 - Long Term Disability with Annuity Premium Benefit</b>			
<input type="checkbox"/> I wish to add/enroll for the Long Term Disability insurance coverage at \$0.249 per \$100 covered monthly payroll, <u>and</u> the Annuity Premium Benefit, at \$0.118 per \$100 covered monthly payroll. This is a total of \$.367 per \$100 covered monthly payroll. I authorize my employer to deduct contributions for the cost of the plans from my earnings.			
<b>Waiver of Coverage</b>			
<input type="checkbox"/> <b>No Long Term Disability insurance coverage chosen.</b> I understand that in the event I desire such insurance at a later date, I will be required to furnish medical evidence of insurability at my own expense, and the insurance company will have the right to refuse my request.			

**Return completed Enrollment Form to:  
 The Employee Benefits Division  
 405 James M. Elliott Building  
 University Park, PA 16802**

**The Prudential Insurance Company of America**

751 Broad Street, Newark, New Jersey 07102

Disability coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Disability Support 1-800-842-1718. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

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Employee General Information			
Last Name	First Name	Middle Initial	PSU ID No.  _____ - _____ - _____
Acceptance or Waiver of Coverage			
<p><b>FOR RESIDENTS OF ALL STATES EXCEPT DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, UTAH, VERMONT, VIRGINIA AND WASHINGTON; WARNING:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.</p> <p><b>DISTRICT OF COLUMBIA and RHODE ISLAND RESIDENTS—</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p><b>FLORIDA RESIDENTS—</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p><b>KENTUCKY RESIDENTS—</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</p> <p><b>NEW JERSEY RESIDENTS—</b> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p><b>NEW YORK RESIDENTS—</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This warning ONLY applies to accident and disability coverage.</p> <p><b>PENNSYLVANIA AND UTAH RESIDENTS—</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p><b>VERMONT RESIDENTS—</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.</p> <p><b>VIRGINIA RESIDENTS—</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.</p> <p><b>WASHINGTON RESIDENTS—</b> Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.</p> <p>Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.</p>			
Employee Signature _____		Date (Month, Day, Year) _____	

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to: The Employee Benefits Division  
405 James M. Elliott Building  
University Park, PA 16802**



**This Notice is for your information and records. Please do not return it.**

## **Group Life and Disability Income Medical Underwriting NOTICE**

Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice is being provided to inform you of certain information practices Prudential engages in, and your rights, with regard to your personal information. We would like you to know that:

- Personal information may be collected from persons other than yourself or other individuals, if applicable, proposed for coverage;
- This personal information as well as other personal or privileged information subsequently collected by us may in certain circumstances be disclosed to third parties without authorization;
- You have a right of access and correction with respect to personal information we collect about you; and
- Upon request from you, we will provide you with a more detailed notice of our information practices and your rights with respect to such information. Should you wish to receive this notice, please contact:

The Prudential Insurance Company of America  
Group Medical Underwriting  
P.O. Box 8796  
Philadelphia, PA 19176

Any information we obtain regarding a person's insurability will be treated as confidential. We may, however, make a brief report of it to the Medical Information Bureau (the Bureau), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. When you apply for life, disability, or health insurance to any company, including Prudential, which is a member of the Bureau, or submit a claim for benefits to such a company, the Bureau will, on request, give the company the information in its files. In addition, upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If the information came from the Bureau and you question the accuracy of the information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112, (617) 426-3660.