



Enrollment or Waiver of Voluntary Enrollment

To receive your \$2,000 of Voluntary AD&D coverage you must complete the employee and beneficiary information below. Once completed, please sign and return this enrollment form to your Employee Benefits office. If you do not return this form completed by the date specified by your Benefits Department, you will not receive the \$2,000 of Voluntary AD&D coverage. You must specify if you would like to enroll for additional AD&D coverage or waive the additional coverage by selecting among the choices below:

- (Initial here if waiving Additional Employee coverage) I do not elect to purchase additional Employee Voluntary AD&D coverage beyond the \$2,000 benefit provided. I understand that I may not be eligible to enroll for additional coverage at a later date.
- YES, I elect to enroll for additional Voluntary AD&D coverage for myself. (Select Benefit Amount on Reverse Side); *or*
- YES, I elect to enroll for additional Voluntary AD&D coverage for my eligible dependents. (Select Benefit Amount on Reverse Side) Child coverage begins at birth and ends at age 25; *or*
- (Initial here if waiving dependent coverage) I do not elect to purchase coverage for my eligible dependent. I understand that I may not be eligible to enroll for this additional coverage at a later date.

Employee Name: _____
Last First Middle

SSN: _____

Primary Beneficiary: _____
Last First Relationship Percentage

Beneficiary Address: _____

Contingent Beneficiary: _____
Last First Relationship Percentage

Beneficiary Address: _____

Cost of insurance for all coverages may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Group Voluntary AD&D coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. 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 Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC #68241. Contract series: 83500

Please Complete the Reverse Side of Form

Monthly Cost

Employee Amount	Cost	Employee Amount	Spouse Amount	Cost	Employee Amount	Child(ren) Amount	Cost	Employee Amount	Spouse Amount	Child(ren) Amount	Cost
<input type="checkbox"/> \$10,000 plus \$2,000	\$0.35	<input type="checkbox"/> \$10,000 plus \$2,000	\$6,000	\$0.56	<input type="checkbox"/> \$10,000 plus \$2,000	\$2,500	\$0.39	<input type="checkbox"/> \$10,000 plus \$2,000	\$6,000	\$2,500	\$0.60
<input type="checkbox"/> \$25,000 plus \$2,000	\$0.88	<input type="checkbox"/> \$25,000 plus \$2,000	\$15,000	\$1.41	<input type="checkbox"/> \$25,000 plus \$2,000	\$6,250	\$0.97	<input type="checkbox"/> \$25,000 plus \$2,000	\$15,000	\$6,250	\$1.50
<input type="checkbox"/> \$50,000 plus \$2,000	\$1.75	<input type="checkbox"/> \$50,000 plus \$2,000	\$30,000	\$2.80	<input type="checkbox"/> \$50,000 plus \$2,000	\$12,500	\$1.94	<input type="checkbox"/> \$50,000 plus \$2,000	\$30,000	\$12,500	\$2.99
<input type="checkbox"/> \$100,000 plus \$2,000	\$3.50	<input type="checkbox"/> \$100,000 plus \$2,000	\$60,000	\$5.60	<input type="checkbox"/> \$100,000 plus \$2,000	\$25,000	\$3.88	<input type="checkbox"/> \$100,000 plus \$2,000	\$60,000	\$25,000	\$5.98
<input type="checkbox"/> \$250,000 plus \$2,000	\$8.75	<input type="checkbox"/> \$250,000 plus \$2,000	\$150,000	\$14.00	<input type="checkbox"/> \$250,000 plus \$2,000	\$50,000	\$9.50	<input type="checkbox"/> \$250,000 plus \$2,000	\$150,000	\$50,000	\$14.75
<input type="checkbox"/> \$500,000 plus \$2,000	\$17.50	<input type="checkbox"/> \$500,000 plus \$2,000	\$300,000	\$28.00	<input type="checkbox"/> \$500,000 plus \$2,000	\$50,000	\$18.25	<input type="checkbox"/> \$500,000 plus \$2,000	\$300,000	\$50,000	\$28.75

Tenthly Cost

Employee Amount	Cost	Employee Amount	Spouse Amount	Cost	Employee Amount	Child(ren) Amount	Cost	Employee Amount	Spouse Amount	Child(ren) Amount	Cost
<input type="checkbox"/> \$10,000 plus \$2,000	\$0.42	<input type="checkbox"/> \$10,000 plus \$2,000	\$6,000	\$0.67	<input type="checkbox"/> \$10,000 plus \$2,000	\$2,500	\$0.47	<input type="checkbox"/> \$10,000 plus \$2,000	\$6,000	\$2,500	\$0.72
<input type="checkbox"/> \$25,000 plus \$2,000	\$1.06	<input type="checkbox"/> \$25,000 plus \$2,000	\$15,000	\$1.69	<input type="checkbox"/> \$25,000 plus \$2,000	\$6,250	\$1.16	<input type="checkbox"/> \$25,000 plus \$2,000	\$15,000	\$6,250	\$1.80
<input type="checkbox"/> \$50,000 plus \$2,000	\$2.10	<input type="checkbox"/> \$50,000 plus \$2,000	\$30,000	\$3.36	<input type="checkbox"/> \$50,000 plus \$2,000	\$12,500	\$2.33	<input type="checkbox"/> \$50,000 plus \$2,000	\$30,000	\$12,500	\$3.59
<input type="checkbox"/> \$100,000 plus \$2,000	\$4.20	<input type="checkbox"/> \$100,000 plus \$2,000	\$60,000	\$6.72	<input type="checkbox"/> \$100,000 plus \$2,000	\$25,000	\$4.66	<input type="checkbox"/> \$100,000 plus \$2,000	\$60,000	\$25,000	\$7.18
<input type="checkbox"/> \$250,000 plus \$2,000	\$10.50	<input type="checkbox"/> \$250,000 plus \$2,000	\$150,000	\$16.80	<input type="checkbox"/> \$250,000 plus \$2,000	\$50,000	\$11.40	<input type="checkbox"/> \$250,000 plus \$2,000	\$150,000	\$50,000	\$17.70
<input type="checkbox"/> \$500,000 plus \$2,000	\$21.00	<input type="checkbox"/> \$500,000 plus \$2,000	\$300,000	\$33.60	<input type="checkbox"/> \$500,000 plus \$2,000	\$50,000	\$21.90	<input type="checkbox"/> \$500,000 plus \$2,000	\$300,000	\$50,000	\$34.50

"For residents of all states except the District of Columbia, Florida, Kentucky, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington; WARNING: 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."

Cost of insurance for all coverages may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

I Authorize the above amount to be deducted from my payroll:

Employee's Signature: _____ Date _____

(For Office Use Only) Effective Date: _____