



# Your Enrollment Kit



**THE RESEARCH FOUNDATION**  
*The State University of New York*

- Basic Term Life Insurance
- Accidental Death and Dismemberment Insurance
- Optional Term Life Insurance
- Dependent Term Life Insurance
- Optional Accidental Death and Dismemberment Insurance

The Prudential Insurance Company of America

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**Prudential**  **Financial**

# Help Protect the Most Important People in Your Life...

Life is full of pleasant surprises and, at the same time, life holds many uncertainties. It's easier to plan for happy events you know will occur, such as buying a home, paying for a wedding or saving for college tuition costs. It's more difficult to plan for the unexpected — a serious accident or death.

For these times, it's important that you have enough life insurance coverage for you and your family. Your current life insurance plans may not offer enough protection.

Together with your employer, The Prudential Insurance Company of America offers you the opportunity to purchase additional term life insurance which can help further safeguard your earnings and cover your financial obligations in the event of your death.

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## ...by participating in our voluntary group term life plans.

- ✓ **Choice of Coverage** – Our plan offers you the opportunity to obtain additional life insurance protection and to choose the level of coverage that's right for you.
- ✓ **Guaranteed Coverage** – You can obtain coverage under most of our plans without providing any medical information when you enroll within a specified period.
- ✓ **Economical Group Rates** – Our plan is available to you at group rates, which are competitive with individual rates.
- ✓ **Convenient Payroll Deduction** – Your premium contributions are deducted from your paycheck, so there's no check writing or mail delays.
- ✓ **Coverage Conversion** – If your employment ends, your coverage may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America.
- ✓ **Peace of Mind** – Having a plan for the unexpected can give both you and your family peace of mind.

***Please review the information in this kit so you can make an informed decision about participating in this program.***

**Employee Coverage**

- ◆ **Prudential Class 1 (Hired on or after July 1, 1992):**
  - ◆ Basic Term Life: you are automatically enrolled for \$10,000.
  - ◆ AD&D: you are automatically enrolled for \$10,000.
- ◆ **Prudential Class 2 (Hired before July 1, 1992):**
  - ◆ Basic Term Life: you are automatically enrolled for three times your covered annual earnings to \$50,000.
  - ◆ AD&D: you are automatically enrolled for three times your covered annual earnings to \$50,000.

Benefits are paid at certain percentages of your coverage amount for specific accidental losses, as indicated in the chart below. Not more than 100% of your coverage amount is payable for all losses due to the same accident.

Life	100%	Paraplegia	75%
Sight in both eyes	100%	Hemiplegia	50%
Both hands or both feet	100%	One hand or one foot	50%
One hand & one foot	100%	Sight in one eye	50%
Sight in one eye & one hand or one foot	100%	Speech	50%
Speech & hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finger on the same hand	25%

Seat Belt Benefit - The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Air Bag Benefit - The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

- ◆ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option\*. Refer to the plan booklet for details.
- ◆ Payouts to your beneficiaries are deposited into a Prudential Alliance Account®, a personalized, interest-bearing account, under the beneficiary's name. The payout earns interest from the date the account is opened and the beneficiary can transfer or withdraw funds at any time.
- ◆ The amount of insurance reduces 10% at age 70, 20% at age 71, 30% at age 72, 40% at age 73, and 50% at age 74. Refer to plan booklet for details.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy insured by The Prudential Insurance Company of America.
- ◆ AD&D exclusions - A loss is not covered if it results from suicide or attempted suicide; intentionally self-inflicted injuries or an attempt at same; sickness; medical or surgical treatment of sickness; certain bacterial or viral infections (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances); act of war; certain full-time military duty; commission of, or attempt to commit a felony; legal intoxication or drug use; certain hazardous sports; injury rising out of, or in the course of, any work for wage or profit (this exclusion only applies with non-occupational plans); certain travel or flight in a vehicle used for aerial navigation (This provision may vary by state. Refer to the plan booklet for details).

### Employee Coverage

- ◆ Coverage is available for one, two, three, four or five times your covered annual earnings, rounded to the next higher \$1,000 less your Basic Term Life coverage amount, not to exceed a combined Basic Term Life and Optional Term Life maximum of \$300,000.
- ◆ **New Hires:** You can enroll without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you apply within 60 days of eligibility.
- ◆ **Current Participants:** Your current coverage amount will be continued. During the open enrollment period, you may select to increase your current coverage amount up by one times your covered annual earnings to a maximum of the lesser of five times your covered annual earnings or \$300,000, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America. After the open enrollment period, evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
- ◆ **Prudential Class 2 (Hired before July 1, 1992):** During the open enrollment period, you may select to enroll for up to two times your covered annual earnings, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America. After the open enrollment period, evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ **Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option\*. Refer to the plan booklet for details.
- ◆ Payouts to your beneficiaries are deposited into a Prudential Alliance Account®, a personalized, interest-bearing account, under the beneficiary's name. The payout earns interest from the date the account is opened and the beneficiary can transfer or withdraw funds at any time.
- ◆ The amount of insurance reduces 10% at age 70, 20% at age 71, 30% at age 72, 40% at age 73, and 50% at age 74. Refer to plan booklet for details.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your group insurance through a portability provision.

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\* **Important Notice:** The acceleration of life insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualify for such favorable treatment, the benefits will be excludable from your income and not subject to Federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under Federal law.

Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America.

BISYS Information Solutions, L.P. is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by Bank One and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). BISYS Information Solutions, L.P., Bank One, and Integrated Payment Systems, Inc. are not Prudential Financial companies.

## Dependent Term Life Insurance

**100% Employee Paid**

### **Spouse/Domestic Partner Coverage**

- ◆ Coverage is available for your spouse/domestic partner for \$10,000, \$20,000, \$40,000, \$60,000, \$80,000 or \$100,000, not to exceed 100% of your combined Basic Term Life and Optional Term Life coverage amounts.
- ◆ You may select to enroll your spouse/domestic partner for up to \$20,000, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you enroll your spouse/domestic partner within 60 days of eligibility.
- ◆ **Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If your spouse/domestic partner is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ The amount of insurance reduces 10% at age 70, 20% at age 71, 30% at age 72, 40% at age 73, and 50% at age 74. Refer to plan booklet for details.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your spouse/domestic partner's group insurance through a portability provision.

### **Child(ren) Coverage**

- ◆ Dependent Term Life coverage has one premium rate that covers all eligible children.
- ◆ Coverage is available for all your children from 14 days after live birth in increments of \$2,000 to \$10,000, not to exceed 100% of your combined Basic Term Life and Optional Term Life coverage amount.
- ◆ No evidence of insurability satisfactory to The Prudential Insurance Company of America is required.
- ◆ If your dependent children are confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ Coverage begins from 14 days after live birth and continues to age 19, if unmarried. If the child is unmarried, dependent on you and a full-time student, coverage continues to age 25.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your child(ren)'s group insurance through a portability provision.

**Employee, Spouse/Domestic Partner and Child(ren) Coverage**

- ◆ **Employee:** If you elect Optional Term Life coverage you will automatically be enrolled in Optional AD&D coverage. Your Optional AD&D coverage amount will equal your Optional Term Life coverage amount.
- ◆ **Spouse/Domestic Partner:** Your spouse/domestic partner is automatically enrolled in Optional AD&D coverage if you elect spouse/domestic partner Dependent Term Life coverage. The coverage amount will equal the Dependent Term Life coverage amount elected.
- ◆ **Child(ren):** Your child(ren) are automatically enrolled in Optional AD&D coverage if you elect child(ren) Dependent Term Life coverage. The coverage amount will equal the Dependent Term Life coverage amount elected.
- ◆ Benefits are paid in addition to Optional Term Life and Dependent Term Life benefits.
- ◆ The amount of insurance reduces 10% at age 70, 20% at age 71, 30% at age 72, 40% at age 73, and 50% at age 74.
- ◆ Coverage will end on termination of employment or retirement or as specified in the plan booklet.

Benefits are paid at certain percentages of your coverage amount for specific accidental losses, as indicated in the chart below. Not more than 100% of your coverage amount is payable for all losses due to the same accident.

Life	100%	Paraplegia	75%
Sight in both eyes	100%	Hemiplegia	50%
Both hands or both feet	100%	One hand or one foot	50%
One hand & one foot	100%	Sight in one eye	50%
Sight in one eye & one hand or one foot	100%	Speech	50%
Speech & hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finger on the same hand	25%

Seat Belt Benefit - The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Air Bag Benefit - The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Optional AD&D Exclusions - A loss is not covered if it results from suicide or attempted suicide; intentionally self-inflicted injuries or an attempt at same; sickness; medical or surgical treatment of sickness; certain bacterial or viral infections (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances); act of war; certain full-time military duty; commission of, or attempt to commit a felony; legal intoxication or drug use; certain hazardous sports; injury rising out of, or in the course of, any work for wage or profit (this exclusion only applies with non-occupational plans); certain travel or flight in a vehicle used for aerial navigation (This provision may vary by state. See your plan booklet for details).

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Refer to the plan booklet for details.

All benefit features may not be available in all states.

Important Notice for New York Residents:

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

# RATE SHEET

## The Research Foundation of State University of New York

Issued by The Prudential Insurance Company of America

Rates Effective: January 1, 2006

<b>Optional Term Life with matching Optional AD&amp;D (Employee)</b>	
<b>Age</b> <i>(Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)</i>	<b>Monthly Cost of Insurance</b> <i>(Rates per \$1,000 of Coverage)</i> <b>For Employee</b>
Under 30	\$ 0.057
30-34	\$ 0.066
35-39	\$ 0.083
40-44	\$ 0.100
45-49	\$ 0.144
50-54	\$ 0.217
55-59	\$ 0.332
60-64	\$ 0.577
65+	\$ 1.033

Follow this worksheet to determine your biweekly cost of insurance. Refer to the rates above to find the monthly rate per \$1,000 of coverage based on your age.

<b>Steps to Determine Cost of Insurance</b>	<b>Worksheet</b>
<p>1. Select desired amount of coverage. (Coverage is available for one, two, three, four or five times your covered annual earnings, rounded to the next higher \$1,000 less your Basic Term Life coverage amount, not to exceed a combined Basic Term Life and Optional Term Life maximum of \$300,000. Refer to the Optional Term Life section for evidence of good health details.)</p>	<p>\$ _____ (Rounded to the next higher \$1,000)</p> <p>- \$ _____ Basic Term Life coverage amount</p> <p>Optional Coverage = \$ _____</p>
<p>2. Locate your age above and note the corresponding monthly rate.</p>	<p>The monthly rate per \$1,000 is \$ _____</p>
<p>3. Divide your selected amount of coverage by \$1,000. Then multiply the result by the monthly rate for your age. The answer is your monthly cost of insurance.</p>	<p>\$ _____ divided by \$1,000</p> <p>= _____ multiplied by \$ _____ = \$ _____</p> <p><b>Total Monthly Cost of Insurance = \$ _____</b></p>
<p>4. Multiply your monthly cost of insurance by 12 and divide by 26. The answer is your biweekly cost of insurance.</p>	<p>\$ _____ multiplied by 12</p> <p>= \$ _____ divided by 26 = \$ _____</p> <p><b>Total Biweekly Cost of Insurance = \$ _____</b></p>

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.

# RATE SHEET

## The Research Foundation of State University of New York

Issued by The Prudential Insurance Company of America

Rates Effective: January 1, 2006

### Dependent Term Life with matching Optional AD&D (Spouse/Domestic Partner<sup>\*\*</sup>)

#### Biweekly Cost per Coverage Amount

(Coverage is available for your spouse/domestic partner for \$10,000, \$20,000, \$40,000, \$60,000, \$80,000 or \$100,000, not to exceed 100% of your combined Basic Term Life and Optional Term Life coverage amounts. Refer to the Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)

Age	\$10,000	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
< 25	\$0.46	\$0.92	\$1.85	\$2.77	\$3.69	\$4.62
25-29	\$0.55	\$1.11	\$2.22	\$3.32	\$4.43	\$5.54
30-34	\$0.60	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00
35-39	\$0.65	\$1.29	\$2.58	\$3.88	\$5.17	\$6.46
40-44	\$0.78	\$1.57	\$3.14	\$4.71	\$6.28	\$7.85
45-49	\$1.06	\$2.12	\$4.25	\$6.37	\$8.49	\$10.62
50-54	\$1.52	\$3.05	\$6.09	\$9.14	\$12.18	\$15.23
55-59	\$2.35	\$4.71	\$9.42	\$14.12	\$18.83	\$23.54
60-64	\$4.29	\$8.58	\$17.17	\$25.75	\$34.34	\$42.92
65-69	\$6.42	\$12.83	\$25.66	\$38.49	\$51.32	\$64.15
70+	\$9.74	\$19.48	\$38.95	\$58.43	\$77.91	\$97.38

**\*\*Spouse/Domestic Partner rate is based on employee's date of birth.**

### Dependent Term Life with matching Optional AD&D (Child(ren))

#### Biweekly Cost per Coverage Amount

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.13	\$0.25	\$0.37	\$0.50	\$0.62

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.



## About The Prudential Insurance Company of America

Prudential's famous Rock logo has been one of America's best-known icons. It's a symbol of the strength and trust that millions of Americans have placed in us to help them meet their most important financial goals.

The Prudential Insurance Company of America, is one of the leading providers of group insurance in the United States. Our resources, financial strength and stability allow us to honor long-term commitments to employers and employees alike.

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### **Start The Process Of Enrolling In This Valuable Insurance TODAY!**

To enroll, simply complete the Enrollment Form, including the Beneficiary Designations, and return it as instructed.

After the date your Group Insurance becomes effective, you will receive a Certificate which details your plan provisions.

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Group Term Life and Accidental Death and Dismemberment coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. 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 The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.



To enroll in Optional Term Life and Optional AD&D coverages for yourself, use The Research Foundation Benefits Enrollment Form.

**Dependent Term Life Enrollment Form**

<b>General Information (Employee)</b>		<b>Effective Date of Coverage (for office use only)</b> ____/____/____	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Social Security No. ____ - ____ - ____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Birth Month Day Year ____/____/____
Date Employed Month Day Year ____/____/____	Your Annual Earnings \$ _____		(For Prudential Use Only) <b>Control # 43812</b>
<b>Dependent Term Life with matching Optional Accidental Death &amp; Dismemberment (Optional AD&amp;D)</b>			
<p>Spouse/Domestic Partner coverage cannot exceed 100% of your combined Basic Term Life and Optional Term Life coverage amount. Child(ren) coverage cannot exceed 100% of your combined Basic Term Life and Optional Term Life coverage amount. If your spouse/domestic partner or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.</p>			
<b>Spouse/Domestic Partner</b> <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$ 40,000 <input type="checkbox"/> \$ 80,000 <input type="checkbox"/> \$ 20,000 <input type="checkbox"/> \$ 60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> No Coverage chosen.		<b>Children</b> <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 6,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ 4,000 <input type="checkbox"/> \$ 8,000 <input type="checkbox"/> No Coverage chosen.	
<b>Acceptance or Waiver of Coverage</b>			
<input type="checkbox"/> I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. I declare the statement above is true and understand it is the basis for determining the biweekly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.			
<b>BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE NOTICE(S) APPLICABLE TO MY STATE OF RESIDENCE.</b> <b>VIRGINIA RESIDENTS ONLY:</b> Will this proposed insurance replace and existing life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Signature _____		Date (Month, Day, Year) _____	

**ATTACH THIS FORM TO YOUR RESEARCH FOUNDATION BENEFITS ENROLLMENT FORM**

*The Prudential Insurance Company of America*



**Fraud Warnings**

**FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, 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.

**FLORIDA RESIDENTS –** 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.

**NEW JERSEY RESIDENTS -** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW YORK RESIDENTS -** 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 coverage.

**PENNSYLVANIA AND UTAH RESIDENTS -** 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.

**VERMONT and WASHINGTON RESIDENTS –** 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.

**VIRGINIA RESIDENTS -** 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.

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.

**VIRGINIA RESIDENTS - REPLACING YOUR LIFE INSURANCE POLICY?** Are you thinking about buying a new policy and discontinuing or changing an existing policy? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing policy and the proposed policy. Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

***The Prudential Insurance Company of America***

751 Broad Street, Newark, New Jersey 07102

Group Life, Accident and Disability coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. 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. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.

