



The Prudential Insurance Company of America  
Beneficiary Services  
P.O. Box 70182  
Philadelphia, PA 19176

**Email:** grouplifeclaims@prudential.com  
**Secure Fax:** (844) 625-7807  
**Phone:** (800) 524-0542  
**Phone Hours:** 8:00 a.m. to 8:00 p.m. ET

Beneficiary Name  
123 ABC Road  
Newport, TN 37821

Policy Number: 51104  
Claim ID: C-2020-104382  
November 3, 2020

## In Memory of First Name Last Name {Deceased}

Dear {Beneficiary First Name, Last Name}

Please accept our sincere condolences on the loss of <Deceased>. Prudential is here to support you during this difficult time. Enclosed is a copy of **The Road to Wellness** which provides helpful information and resources for those who have recently experienced a loss.

We received notice that <Deceased> may have had group life insurance coverage through Prudential. You may be entitled to benefits. Please follow the steps below to submit a claim for benefits.

1. Complete and sign the enclosed claim form and include a copy of a death certificate.
2. Send your signed form and death certificate to Prudential using your preferred method:
  - Email to: [grouplifeclaims@prudential.com](mailto:grouplifeclaims@prudential.com);
  - Mail in the enclosed self-addressed envelope; or
  - Fax to: **(844) 625-7807**.

Generally, if your claim is approved, we pay benefits **within approximately 10 business days of receiving your completed paperwork**. Some variations may apply.

If you have any questions, please—call a Prudential Beneficiary Advocate at (800) 524-0542.

Sincerely,

*Nicole Strauser*

Nicole Strauser  
Head of Beneficiary Services, Prudential





# Prudential

## Group Life Claim Form

Prudential is honored to fulfill our promise to our life insurance customers. Please follow the steps below to help us process your claim as quickly as possible:

- 1 Decide how you would like the claim to be paid. See Payment options on page 3.
- 2 Complete and sign this form.<sup>1</sup>
- 3 Return pages 2-4 of this form AND a copy of the death certificate to any of the following:



Email to:  
**grouplifeclaims@prudential.com**



Mail to:  
**The Prudential Insurance Company of America  
Group Life Claims Division  
P.O. Box 70182  
Philadelphia, PA 19176**



Fax to:  
**(844) 625-7807**

If you have any questions about how to complete this form, please call us at **(800) 524-0542**. We are here to help Monday-Friday from 8:00 a.m. to 8:00 p.m.

<sup>1</sup> The claim form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Group Insurance, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.

Return this page with the completed form.

## A) About You

Provide information about the person making the claim. Be sure to verify your Social Security number, TIN, or EIN.

First name MI Last name

Street address Apt/Suite (optional)

City State ZIP Code

Home phone Mobile phone Relationship to deceased

Email address

How do you want us to contact you? (Check all that apply.)  U.S. Mail  Email  Text Alerts  Phone

Date of birth (mm/dd/yyyy) Social Security number (SSN), TIN or EIN (see below)

## Taxpayer Identification Number (TIN)

You must include a TIN for the beneficiary. This is:

- ▶ A Social Security number (SSN) if the beneficiary is an individual or the owner of a sole proprietorship.
- ▶ The employer identification number (EIN) if you represent a trust, estate, corporation, partnership, or tax-exempt organization.
- ▶ The TIN of the grantor/trustee if you represent a grantor trust, or that of the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.
- ▶ If you are a guardian completing this form for someone else, including a minor, be sure to provide that person's SSN.

## B) About the Deceased

Provide information about the deceased.

5 1 1 0 4 Control number (from cover letter provided) C o n a g r a B r a n d s Deceased's employer name

First name MI Last Name

Date of Birth (mm/dd/yyyy) Date of death (mm/dd/yyyy) Social Security Number



Return this page with the completed form.



### C) Choose a Payment Option

Please choose ONE of the following settlement or payment options. If you are interested in discussing an annuity settlement option, please call us at (800) 524-0542.

- Deposit funds in a Prudential Alliance Account, an interest-bearing account that gives you immediate access to your funds. You may transfer or withdraw all or part of the balance at any time and at no cost. Please see page 6 for more information.
- Receive a single lump sum check--for all funds<sup>1</sup>
- Deposit funds directly in your chosen bank account via Electronic Funds Transfer (EFT)—for all funds<sup>1</sup>

If you selected the EFT option above, please complete Part D.

<sup>1</sup> Funds are paid net of any assignments, e.g.: funeral home. A funeral home assignment is an agreement to pay the funeral home with a portion (or all) of your benefit amount before any remainder is paid to you.

### D) Banking Information and Payment Authorization (For EFT Payment Option Only)

|   |  |                  |   |  |
|---|--|------------------|---|--|
|   | -  |                  | - |  |
| Bank name   |  | Branch Telephone |   |  |
|   | Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                  |   |  |
| Bank Transit Routing Number (9 digits) For Wire Transfers |  |                  |   |  |
|   |  |                  |   |  |
| Bank Account Number                                       | Bank Location (City and State)   |                  |   |  |

I authorize The Prudential Insurance Company of America (Prudential) to make electronic deposits of my Group Life Plan Insurance Death Claim proceeds into the above account. I understand that any deposit made to an inactive account agreement will be returned to Prudential and reissued a check. In addition, if any overpayment of such Death Claim proceeds is credited to this account in error, I authorize Prudential to withdraw the difference between the benefit amount paid and the recalculated amount of the benefit actually due under the terms of the insurance coverage. My eligibility for any such benefits is governed by the terms and conditions of the Group Life Policy, and nothing in this Authorization shall be deemed to be an approval of any such benefits.

This authorization is valid indefinitely until such time as I provide written notice of cancellation to Prudential. Any notice hereunder will not be deemed effective until three business days after Prudential has received my written notice.

|                            |                   |           |
|----------------------------|-------------------|-----------|
|                            | MI                |           |
| Account Owner's First Name |                   | Last Name |
|                            |                   |           |
| Street address             |                   |           |
|                            |                   |           |
| City                       | State             | ZIP Code  |
|                            |                   |           |
| Telephone                  |                   |           |
|                            |                   |           |
| Account Owner's signature  | Date (mm/dd/yyyy) |           |





## E) Tax Certification

Please complete any applicable portions of (a) or (b). See Definitions below for more information.

(a) Under penalties of perjury, I certify that:

- ▶ I am a U.S. Person (including resident alien);
- ▶ The Social Security/Tax ID number provided in Part A above is my correct SSN/TIN;
- ▶ I am not subject to backup withholding due to failure to report interest or dividend income; and
- ▶ I am not subject to FATCA reporting.

(b) Check the boxes below, if applicable:

I am not a U.S. person (including resident alien). I am a citizen of \_\_\_\_\_.  
Attach the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY).

- I am subject to backup withholding due to the failure to report interest or dividend income (see "Backup Withholding" in the tax certification Information section).
- I am subject to FATCA reporting.

## Definitions

### BACKUP WITHHOLDING

You must tell us if the IRS has notified you that you are subject to backup withholding because you didn't report all your taxable interest and dividends on your tax return. You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding. If you have been notified that you are subject to backup withholding, please check the box **as indicated**.

### FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Any entity making a payment of U.S. source income must consider whether it is subject to FATCA. A payor must collect documentation about the payee's status or withhold at 30%. Nontaxable payments, such as income tax-free death benefits from nonqualified life insurance contracts, are not subject to FATCA.

### CITIZENSHIP

You must indicate if you are not a U.S. Person (including resident alien). In that case, you must state the country in which you are a citizen and submit the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most situations, the IRS Form W-8BEN will be the appropriate IRS Form W-8.

## F) Signature

### 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 any false, incomplete, or misleading information is guilty of a felony of the third degree.

### 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.

I have read and understand the terms and requirements of the Claim Fraud Warnings included with this form. The Internal Revenue Service does not require your consent to any provision in this document other than the certifications required to avoid backup withholding.

Beneficiary's or Claimant's signature

Date (mm/dd/yyyy)



# Claim Fraud Warnings

Do not return this page with the completed form.



**For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Texas, 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.

**ALABAMA RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ARIZONA RESIDENTS**—For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND RESIDENTS**—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.

**CALIFORNIA AND TEXAS RESIDENTS**—For your protection, California and Texas law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**KENTUCKY RESIDENTS**—Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**MAINE AND WASHINGTON RESIDENTS**—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.

**MARYLAND RESIDENTS**—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE RESIDENTS**—Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY RESIDENTS**—Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NORTH CAROLINA RESIDENTS**—Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

**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.

**PUERTO RICO RESIDENTS**—Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**VERMONT 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, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.





## How the Alliance Account Works

Do not return this page with the completed form.

**Your Funds:** All funds are held within Prudential's general account. It is not FDIC insured because it is not a bank account or a bank product. Funds held in the Alliance Account are guaranteed by State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations ([www.nolhga.com](http://www.nolhga.com)) to learn more about coverage limitations on your account. State guaranty fund coverages are not determined by the insurance company.

**Beneficiary Designation:** After electing an Alliance Account, you may designate a beneficiary for your account by completing and returning the beneficiary designation in your Alliance Account kit.

**How Interest Is Earned:** The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time, subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support. The interest rate credited to the Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short-term demand deposit accounts, bank money market rates, and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.

**Account Statements:** You will receive regular (either monthly or quarterly) statements showing your current balance, the interest you earned, the drafts you have written, your current interest rate, and any other account activity. The frequency at which the statements are mailed to you is determined by the activity in your Alliance Account.

**Special Service Fees:** There are fees for special services, which are subject to change, and include stop payments (\$12 per draft/\$25 maximum for 3 or more per day); cashed draft copy or statement copy (\$2 per draft); drafts returned for insufficient funds (\$10 per draft); and overnight delivery (based on carrier's charge).

**Minimum Balance:** If the balance falls below \$250, you will receive a check for the remaining balance plus interest at the end of the monthly cycle in which the balance fell below \$250. You can close the Alliance Account at any time by calling the Customer Service office. A check for the remaining balance and interest will be sent to you. Or, you can close the account by writing an Alliance draft for the balance and cashing it or depositing it at your own bank. Since interest accrues daily, a check for the remaining accrued interest will be sent to you.

**Inactive Accounts:** State law requires that if there is no account activity and we have had no contact with you regarding your Alliance Account after a number of years (which time period varies by state), your Alliance Account may be considered "dormant." If your Alliance Account becomes "dormant," you will be mailed a check for the remaining balance plus interest, at your last address shown on our records. If you do not timely cash that check, your funds will be transferred to the state as unclaimed property. If your funds are transferred to the state, you may claim those funds from the state but you may be charged a fee by the state. Once your funds are transferred to the state, we no longer have any liability or responsibility with respect to your Alliance Account. For Alliance Account funds paid under the Servicemembers' Group Life Insurance program, the treatment of those "dormant" funds may be different.

## FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

**The Bank of New York Mellon 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. Draft clearing and processing support is provided by The Bank of New York Mellon. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). The Bank of New York Mellon is not a Prudential Financial company.**

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**Where can I get support?**

The loss of a loved one is indeed a time of great sadness. It also may be a time of uncertainty and confusion on what to do next. We understand this, and that's why we developed a Beneficiary Support Center to help you through these difficult times. The Beneficiary Support Center is an online resource hub that includes: information on funeral planning, a list of key tasks you may need to address in the wake of the loss of a loved one, and financial, legal and emotional support resources. These resources can be accessed at <https://www.prudential.com/personal/life-insurance/beneficiaries/>. They are available at no cost to, or commitment from, you and your loved ones.

**How can I submit the necessary claim documentation?**

Documents may be submitted by using one of these options:

- **Email** – Scan the documents and email them to [grouplifeclaims@prudential.com](mailto:grouplifeclaims@prudential.com).
- **Fax** – Use our secure fax line: (844) 625-7807.
- **Mail** – Use the enclosed self-addressed return envelope that was provided or mail to:  
The Prudential Insurance Company of America, Beneficiary Services,  
P.O. Box 70182, Philadelphia, PA 19176

**Note:** Please include your claim number on all documents you submit.

**What is generally required to process a life insurance claim?**

Complete the enclosed Group Life Claim Form and submit it with a death certificate. The Group Life Claim Form and death certificate may be submitted by any one of the options listed above. A certified copy of the death certificate is required for claims over \$500,000 and must be submitted by mail. Only one beneficiary needs to provide a copy of the death certificate when submitting a claim for life insurance benefits. If additional information is needed to complete the processing of your claim, Prudential will notify you.

**What is the benefit amount of the life insurance policy?**

The benefit amount cannot be provided until the claim process is completed.

**Are the life insurance proceeds taxable?**

Generally, life insurance proceeds are not taxable. However, you may be taxed on any accrued interest. Prudential cannot provide tax advice. Please consult a tax professional for information on the taxability of any life insurance proceeds.

**How will the life insurance proceeds be paid to me?**

You must select your desired method of payment under Section C on the Group Life Claim Form.

- **EFT** – If selecting the Electronic Funds Transfer option, be sure to complete **and** sign page 3 of the Group Life Claim Form with your banking information.
- **Single Lump Sum Check** – Receive a single lump sum check--for all funds.
- **Lump Sum Held by Prudential at Interest and Installment Payments** – Call us at (800) 524-0542 for payment options available to you.
- **Prudential Alliance Account** – Please refer to page 3 of the Group Life Claim Form.

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**Are there other beneficiaries of this life insurance coverage?**

Each beneficiary has a right to his or her privacy. Therefore, we are unable to release any information about other beneficiaries.

**What is required if I want a payment made directly to the funeral home?**

If you would like all or a portion of the life insurance proceeds payable to you to be paid to a funeral home, please contact the funeral home. Generally, the funeral home director will request that you sign a funeral home assignment. The assignment, an itemized bill, and the completed Group Life Claim Form, must be provided to Prudential prior to the processing and payment of the life insurance proceeds. *Note:* Funeral Home Assignments cannot be honored when completed by a minor beneficiary.

**What is needed to process a life insurance claim if the beneficiary is a trust?**

In addition to a death certificate and completed Group Life Claim Form, a complete copy of the trust is required.

**What is needed to process a life insurance claim if the beneficiary is an estate?**

In addition to the death certificate and completed Group Life Claim Form, a copy of the Letters of Administration issued by the court designating an administrator or personnel representative for the estate is required.

**What is needed to process a life insurance claim if the beneficiary is a minor?**

In addition to the death certificate and completed Group Life Claim Form, a court order appointing someone as guardian of the minor's estate is required. This applies even if you are the parent of the minor.

**Where can I get additional forms if I need them?**

All forms are also available online at [www.prudential.com/giemployeeforms](http://www.prudential.com/giemployeeforms). You may also contact Prudential's Customer Service Center at (800) 524-0542.

**How do I check the status of my life insurance claim?**

Contact Prudential's Customer Service Center at (800) 524-0542. From outside of the United States call (215) 784-2823. We are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.