

YOUR ENROLLMENT KIT

GROUP INSURANCE

Optional Term Life
Optional Dependent Term Life

Issued by The Prudential Insurance Company of America

Diocese of Palm Beach

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.

...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 typically lower than 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 underwritten 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

- ◆ Coverage is available in increments of \$10,000 to \$100,000.
 - **New Hires:** You can select up to \$50,000 without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you apply within 31 days of eligibility.
 - **Current Participants:** Your current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in 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 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.
- ◆ Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. Refer to the plan booklet for details.
- ◆ The amount of insurance reduces 50% at age 70. 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 or continue your group insurance through a portability provision.

Prudential Securities is a Division of Wachovia Securities, LLC, member NYSE & SIPC. Prudential Securities is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, a Prudential Financial company, located at 751 Broad Street, Newark, NJ 07102-3777. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Check clearing and processing support are provided by Bank One. Prudential Securities, Wachovia Securities, and Bank One are not Prudential Financial companies.

Spouse Coverage

- ◆ Coverage is available for your spouse in increments of \$10,000 to \$50,000, not to exceed 50% of your Optional Term Life coverage amount.
 - **Current Optional Term Life Participants:** During this open enrollment period, you may select to enroll your spouse for up to \$20,000, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you enroll your spouse within 31 days of eligibility.
 - **New Hires:** You may select to enroll your spouse for up to \$20,000, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you enroll your spouse within 31 days of eligibility.
 - **Current Spouse Participants:** Your spouse's current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
 - **Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If your spouse is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ The amount of insurance reduces 50% at age 70. 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 insured by The Prudential Insurance Company of America or continue your spouse'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 live birth in increments of \$2,000 to \$10,000, not to exceed 50% of your 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 at 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 insured by The Prudential Insurance Company of America or continue your child(ren)'s group insurance through a portability provision.

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.

Florida Residents: Each company, The Prudential Insurance Company of America and Prudential Financial, is solely responsible for its own financial condition and contractual obligations.

RATE SHEET

Diocese of Palm Beach

Issued by The Prudential Insurance Company of America
Rates Effective: August 1, 2003

Optional Term Life – Monthly Cost per Coverage Amount – Employee Rates

(Coverage is available in increments of \$10,000 to \$100,000. Refer to the Optional 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.)

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Age					
< 30	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50
30-34	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50
40-44	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50
45-49	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50
50-54	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50
55-59	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00
60-64	\$10.10	\$20.20	\$30.30	\$40.40	\$50.50
65-69	\$15.40	\$30.80	\$46.20	\$61.60	\$77.00
70+	\$29.00	\$58.00	\$87.00	\$116.00	\$145.00

	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Age					
< 30	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
30-34	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
35-39	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
40-44	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
45-49	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
50-54	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00
55-59	\$42.00	\$49.00	\$56.00	\$63.00	\$70.00
60-64	\$60.60	\$70.70	\$80.80	\$90.90	\$101.00
65-69	\$92.40	\$107.80	\$123.20	\$138.60	\$154.00
70+	\$174.00	\$203.00	\$232.00	\$261.00	\$290.00

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.

RATE SHEET

Diocese of Palm Beach

Issued by The Prudential Insurance Company of America
Rates Effective: June 1, 2004

Dependent Term Life – Monthly Cost per Coverage Amount – Spouse Rates**

(Coverage is available for your spouse in increments of \$10,000 to \$50,000, not to exceed 50% of your Optional Term Life coverage amount. 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.)

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Age					
< 30	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50
30-34	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00
35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50
40-44	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50
45-49	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50
50-54	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50
55-59	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00
60-64	\$10.10	\$20.20	\$30.30	\$40.40	\$50.50
65-69	\$15.40	\$30.80	\$46.20	\$61.60	\$77.00
70+	\$29.00	\$58.00	\$87.00	\$116.00	\$145.00

****Spouse rate is based on employee's date of birth.**

Dependent Term Life – Monthly Cost per Coverage Amount – Child(ren) Rates

(Coverage is available for your child(ren) in increments of \$2,000 to \$10,000, not to exceed 50% of your Optional Term Life coverage amount. The costs shown cover all eligible children.)

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.24	\$0.48	\$0.72	\$0.96	\$1.20

Implementation of the insurance plans will depend on having a specific percentage of all eligible employees enrolling in the plans. If this percentage of enrollment level is not met, these coverages may not be effective.

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.

About Prudential Financial

Prudential Financial'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.

Prudential Financial's life insurance subsidiary, 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.

Enroll For 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.

Life coverages are issued by The Prudential Insurance Company of America, a New Jersey and Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the 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. Prudential Financial and the Rock logo are registered servicemarks of The Prudential Insurance Company of America and its affiliates. California COA #1179. NAIC #68241.

Enrollment Form - Diocese of Palm Beach

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. ____ - ____ - ____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Date Employed Month Day Year ____/____/____		Your Annual Earnings \$ _____	
		(For Prudential Use Only) Control # 77111	
Optional Term Life			
<input type="checkbox"/> Coverage amount chosen: \$ _____		Payroll Deduction \$ _____	
<input type="checkbox"/> No coverage chosen.			
Dependent Term Life			
You must be enrolled for Optional Term Life to elect coverage for your dependents. Spouse coverage cannot exceed 50% of your Optional Term Life coverage amount. Child(ren) coverage cannot exceed 50% of your Optional Term Life coverage amount. If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.			
Spouse <input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll Deduction \$ _____		Children <input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll Deduction \$ _____	
<input type="checkbox"/> No coverage chosen.		<input type="checkbox"/> No coverage chosen.	
Acceptance or Waiver of Coverage			
<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 monthly 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.			
<input type="checkbox"/> I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.			
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 a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, 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.			
Employee Signature _____		Date (Month, Day, Year) _____	

Please indicate your beneficiary designation(s) on next page.

Employee General Information					
Last Name _____	First Name _____	Middle Initial _____	Social Security No. ____ - ____ - ____		
Beneficiary Designation					
If more than one beneficiary is desired, please write their name(s) and relationship(s) on the lines below. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.					
Optional Term Life - Primary Beneficiary Designation					
(1) Last Name _____	First Name _____	Middle Initial _____	Social Security No. _____	Relationship _____	Percentage _____
Address: _____					
(2) Last Name _____	First Name _____	Middle Initial _____	Social Security No. _____	Relationship _____	Percentage _____
Address: _____					
Optional Term Life - Contingent Beneficiary Designation					
(1) Last Name _____	First Name _____	Middle Initial _____	Social Security No. _____	Relationship _____	Percentage _____
Address: _____					
(2) Last Name _____	First Name _____	Middle Initial _____	Social Security No. _____	Relationship _____	Percentage _____
Address: _____					
<div style="display: flex; justify-content: space-between;"> Employee Signature _____ Date (Month, Day, Year) _____ </div> <p style="text-align: center;">If you have any questions, please contact the Benefits Office for details.</p>					

Please refer to 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 Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Life 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. Contract provisions may vary by state. Contract Series: 83500. Prudential Financial and the Rock logo are registered servicemarks of The Prudential Insurance Company of America and its affiliates. California COA #1179. NAIC #68241.