Prudential

Group Insurance

Please send the completed form and all attachments to:

The Prudential Insurance Company of America
Prudential/Group Life Conversions
PO Box 70180
Philadelphia, PA 19176

Notice of Group Life Conversion Privilege

In accordance with your Group Contract issued by the Prudential Insurance Company of America, you may convert the group life insurance amount noted below to an Individual contract. To convert your coverage, within 31 days after coverage termination you must:

1) submit a completed Conversion Application and this completed Notice of Group Life Conversion Privilege to:

Prudential, Group Life Conversions, PO Box 70180, Philadelphia, PA 19176 or via fax at 888-634-1118; **and**

2) pay the first premium.

To get a Conversion Application and information instantly, visit **www.prudential.com/giconversions.** Otherwise, to request a Conversion Application and information, visit any Prudential Financial branch office, or mail or fax this completed Notice of Group Life Conversion Privilege to Prudential at the address or fax number shown above.

To speak with a customer service professional, please call Prudential's toll-free service number at 877-889-2070.

1 To Be Completed by Contract Holder

Policy No./Control No.

Date of termination (MM DD YYYY)

Date of reduction of insurance (if applicable) (MM DD YYYY)

Claim Branch No.

Date of termination of insurance if other than date of termination of employment (MM DD YYYY)

Was the employee disabled at the time of termination? ☐ Yes ☐ No

If yes, please enter date of disability (MM DD YYYY)

2 Employee/ Member Information

First Name

MI

Last Name

Social Security Number

Employee Gender ☐ Male ☐ Female

Date of Birth (MM DD YYYY)

Address 1

Address 2

City

State

ZIP Code

If you are not subject to Title VII of the Civil Rights Act, please check off this box. ☐

Prudential

2 Employee/ Member Information (Cont'd.)

Amount of group life insurance (or amount of reduction) eligible for conversion:

Employee
Basic
$.
Optional
$.

Spouse
Social Security #
Basic
$.
Optional
$.
Claim Branch

Dependent Child
Social Security #
Basic
$.
Optional
$.
Claim Branch

Amount of accidental death benefit insurance (or amount of reduction) eligible for conversion:

Employee
Basic
$.
Optional
$.

Spouse
Social Security #
Basic
$.
Optional
$.

Dependent Child
Social Security #
Basic
$.
Optional
$.

3 Contract Holder

Contract Holder's Name

Address 1

Suite

Address 2

City

State

ZIP Code

Telephone Number

Extension

Signature of Contract Holder

X

Date (MM DD YYYY)

Signature of Employee

X

Date (MM DD YYYY)

Employee Term Life, Dependents Term Life, Employee Survivor Benefits Life, Group Universal Life and Group Variable Universal Life coverages are underwritten by the Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Contract Series: 83500. The Prudential Insurance Company of America is a Prudential Financial company. California COA #1179 NAIC # 68241.