



The Prudential Insurance Company of America

GROUP CRITICAL ILLNESS CONTINUATION FORM

Prudential – Voluntary Benefit Services, PO Box 696035

San Antonio, TX 78269

Phone: 1-844-455-1002

Fax: 1-800-475-6021

Please refer to the description of your plan for coverage options and amounts available to you.

Employee/Member Data (to be completed by employee/member)						
Last Name		First Name			MI	
Address				City		State
Social Security No. - -		Date of Birth / /				
Group Contract No.			Reason and Date of Termination of Employment			
Have you smoked cigarettes or used another tobacco product (including cigars or chewing tobacco) within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Dependent Spouse, Domestic Partner Coverage or Civil Union Partner (to be completed if Dependent Spouse, Domestic Partner or Civil Union Partner coverage is being retained) (to be completed by employee/member)						
Last Name		First Name	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /	SSN - -
Spouse, Domestic Partner and Civil Union Partner's Address				City		State
						ZIP Code
Selection of Coverage Section (to be completed by the employee/member)						
The coverage that may be continued is that which you had on the date your employment ended or your work hours were reduced.						
I ELECT TO CONTINUE MY GROUP CRITICAL ILLNESS COVERAGE FOR: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child(ren)						
Monthly Remittance Options (to be completed by the employee/member)						
Remittance Options: <input type="checkbox"/> Check <input type="checkbox"/> Wire						

NEW HAMPSHIRE RESIDENTS (For Critical Illness) – It is understood that no person to be covered for Critical Illness is also covered by any Title XIX program, designated as Medicaid or any similar name.

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. **This notice ONLY applies to accident and health coverage.**

<input type="checkbox"/> I am electing coverage continuation and I understand I will be direct billed for this coverage for the length of the continuation period. I declare the information above is true and understand it is the basis for determining the monthly contribution for coverage. I understand that this is not health insurance and it does not reimburse me for medical expenses. It does not substitute for essential health benefits or minimum essential coverage as defined in federal law.	
<input type="checkbox"/> I do not wish to elect the above coverage continuation. I certify that I have been given the opportunity by my above named employer to elect coverage continuation.	
I have read and understand the terms and requirements of the fraud warnings included as part of this form.	
_____ Employee/Member Signature	_____/_____/_____ Date (Month/Day/Year)

**The certificate provides limited benefits.
Review your certificate carefully.**

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington: 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.

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.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 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.

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 or misleading 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 fact material 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 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.

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Prudential's Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical and medical expenses and does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy 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 Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. California COA #1179, NAIC #68241. Contract Series: 114774.

© 2019 Prudential Financial, Inc. and its related entities.

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.