

MyBenefits Web User Guide

August 2023

This easy-to-read user manual provides an overview of the My Benefits website and shows you how to take full advantage of the convenient functions and features available to you for managing your Prudential Benefits.

Contents

Introduction.....	4
Getting Started	4
Login Procedures	4
Forgot username or password?	4
Device Authentication & Registration Page	5
First-time user? Register Now	6
Step 1 – Identify Your Employer.....	6
Where’s my control number?	7
Company or Association name lookup.....	7
Important note about choosing the correct company name.	7
Step 2 – Provide Additional Information	7
Step 3 – Create Username and Password	8
Read and Accept Agreement	8
Registration Confirmation.....	9
Home Page.....	10
Navigation	10
How can we help you today?	10
MyBenefits	11
Manage Beneficiaries.....	12
View/Change/Add Beneficiaries.....	13
Proof of Good Health or Evidence of Insurability	14
My Claims	17
File a Claim / Report an Absence	17
Report an Absence/Add Time	17
What you will need & what to expect	18
Step 1 – Demographic Info	19
Step 2 – Reason.....	21
Step 3 – Time Away.....	25
Step 4 – Payment.....	37
Step 5 – Finish	39
Claims Status.....	41
Claim History	43
Add Additional Time to Claim	44

Step 1 – Absence Times	46
Step 2 – Work Schedule	52
Step 3 – View the Summary of Your Request	55
Step 4 – Preview and Confirm	57
View Absence Calendar	58
What if I see multiple icons on one day?.....	60
Tax Statements.....	60
My Profile.....	61
Help	63
Change Password	63
Contact Us	64
Contact Us (Before You Login):.....	64
Contact Us (While Logged In)	64
Forms	65

Introduction

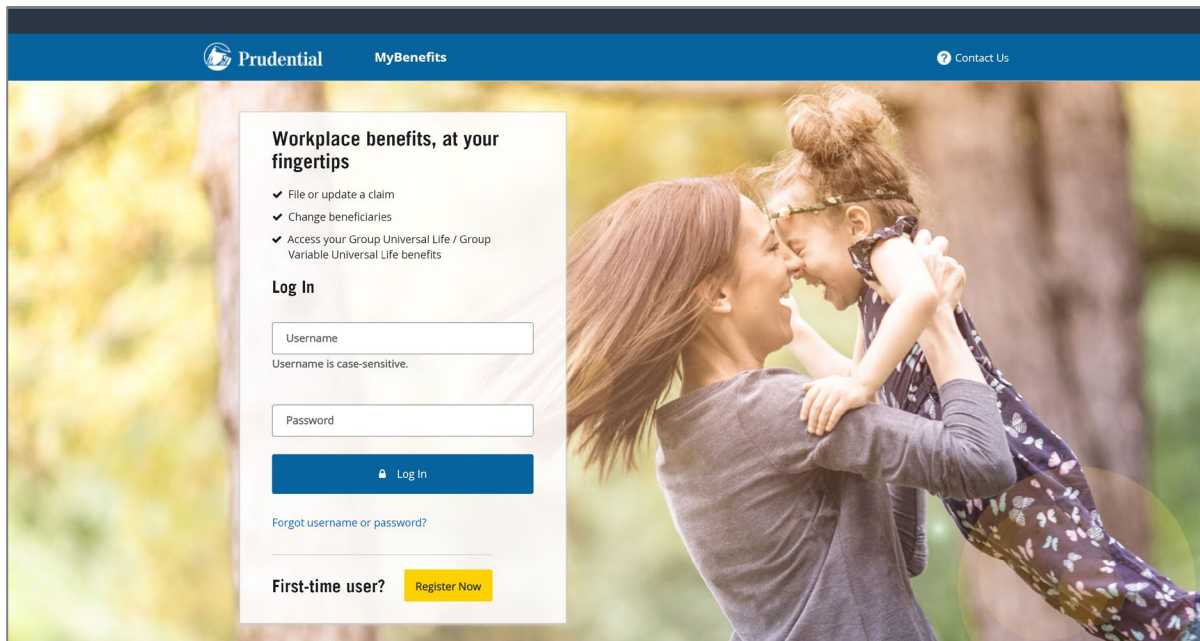
The MyBenefits website provides you with access to information and services related to your Group Life and/or Disability/Absence employer provided and voluntary benefits. Depending on the benefit plans and arrangements your employer has with Prudential, through this website you may be able to:

- Review your benefits and coverages
- Manage Beneficiaries
- Report a disability or absence
- Check the status of your claim and/or update an existing claim
- View or upload relevant documents
- Learn more about your benefits, get help, and assess your coverage needs

Getting Started

Login Procedures

You can access the Prudential MyBenefits website at www.prudential.com/mybenefits

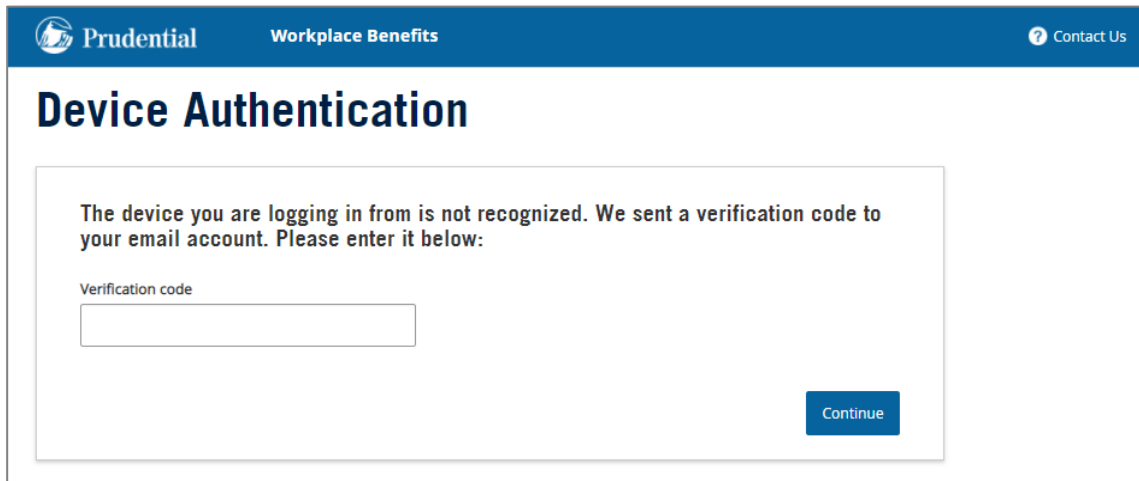


Forgot username or password?

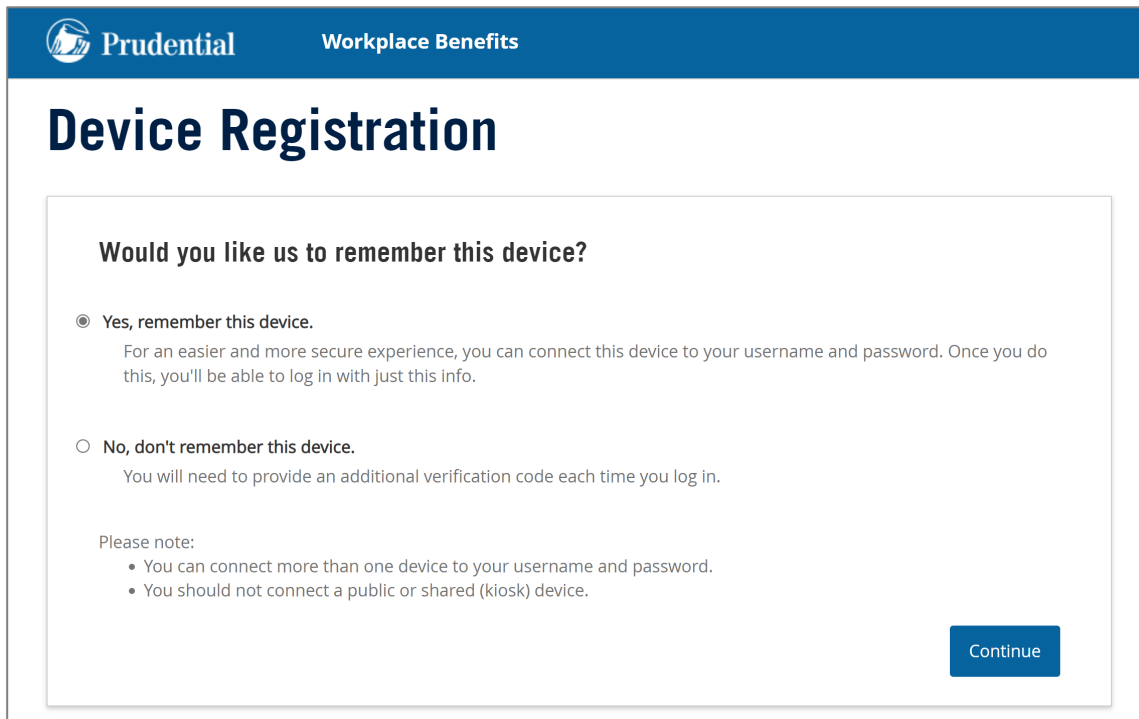
If you forgot your username or password, follow the Forgot username or password link. You will be asked to provide your email, date of birth, and social security number. Once you receive this information, please return to the login page.

Device Authentication & Registration Page

If you log in with a device that we do not recognize, you will see the Device Authentication screen. An email will be sent to you with the Verification Code. You must input the Verification Code to proceed. You will be asked if we should remember the device that you are logging in with.



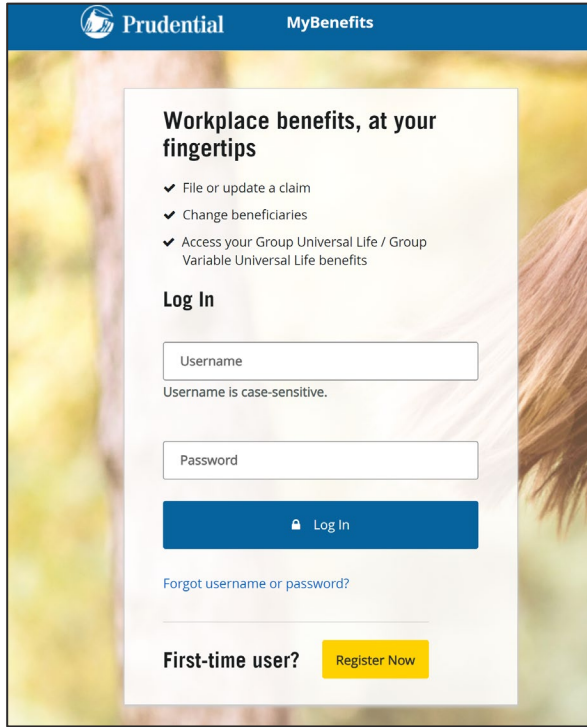
The screenshot shows the Prudential Workplace Benefits interface. At the top, there is a blue header with the Prudential logo, the text "Workplace Benefits", and a "Contact Us" link. Below the header, the main heading is "Device Authentication". The central content area contains a message: "The device you are logging in from is not recognized. We sent a verification code to your email account. Please enter it below:". Below this message is a text input field labeled "Verification code" and a blue "Continue" button.



The screenshot shows the Prudential Workplace Benefits interface. At the top, there is a blue header with the Prudential logo, the text "Workplace Benefits", and a "Contact Us" link. Below the header, the main heading is "Device Registration". The central content area contains a question: "Would you like us to remember this device?". There are two radio button options: "Yes, remember this device." and "No, don't remember this device.". Below the "Yes" option is a sub-message: "For an easier and more secure experience, you can connect this device to your username and password. Once you do this, you'll be able to log in with just this info.". Below the "No" option is a sub-message: "You will need to provide an additional verification code each time you log in.". Below these options is a "Please note:" section with two bullet points: "You can connect more than one device to your username and password." and "You should not connect a public or shared (kiosk) device.". At the bottom right of the content area is a blue "Continue" button.

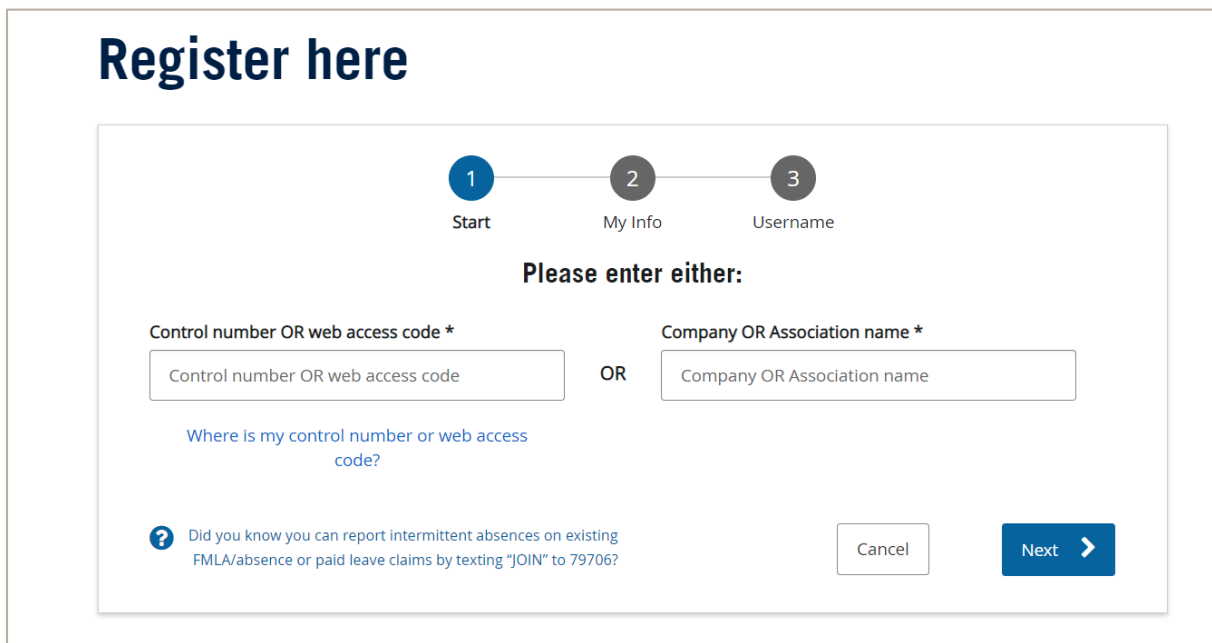
First-time user? Register Now

If you have not already registered on the Prudential MyBenefits website, registration is a quick-3-step process. To get started, click on the Register Now button on the home page.



Step 1 – Identify Your Employer

To properly identify you, please enter a control number, web access code, Company or Association name and click on *Next*:



Where's my control number?

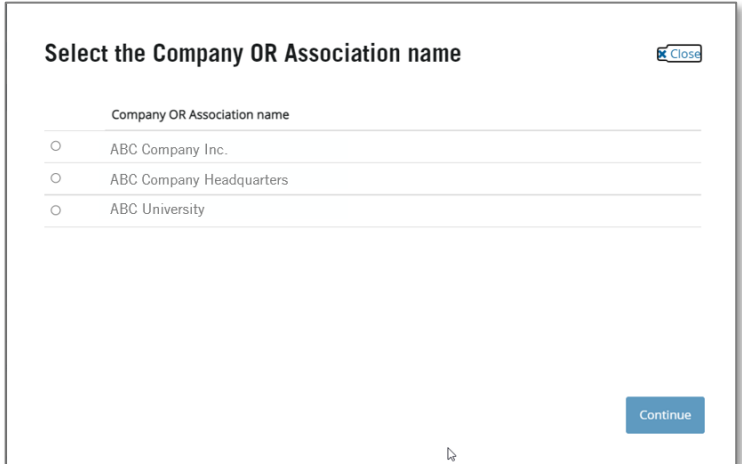
Your Control Number/Web Access Code can be found in correspondence sent to you from Prudential. Clicking on the link called "Where is my control number or web access code?" can also provide information on where you may find your Control number/web access code.

Company or Association name lookup

You can type your company name in the Company or Association name lookup. If there is more than one company with a similar name, a pop-up will appear where you can choose the company name that best matches your company or association name.

Important note about choosing the correct company name.

If you sign up under the wrong company, you may not see the correct options on the website. If you think this may have happened, simply click on the [Contact Us](#) link for instructions on how to get assistance.



Select the Company OR Association name

Company OR Association name

- ABC Company Inc.
- ABC Company Headquarters
- ABC University

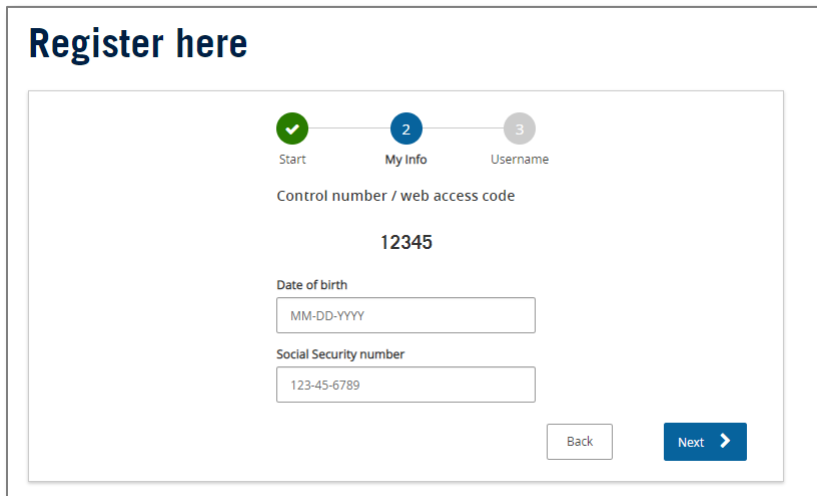
Continue

Please keep in mind that if you were to leave your current company or association and join another company that uses the Prudential MyBenefits website, you will need to register for an account with your new company or association.

Step 2 – Provide Additional Information

Enter your date of birth and social security number.

Tip: If we do not have your complete information on file, you may be asked to enter your first and last names along with your address.



Register here

Start My Info Username

Control number / web access code

12345

Date of birth

MM-DD-YYYY

Social Security number

123-45-6789

Back Next >

Step 3 – Create Username and Password

Create your unique Username.

Tip: Username is case sensitive. If you register with JaneSmith01 and try to login with janesmith01, you will receive an error message.

Enter your Email address. You will be asked to re-enter your Email address to confirm. You must indicate if your Email address is either a Work email or Personal email. You must then choose a Security Question and provide the answer.

Click Complete Registration button.

Register here

Start My Info **3 Username**

All fields are required unless otherwise noted

Create your username
Must be at least 6 characters. Also note that this field is case-sensitive.

Email address Confirm email address
Email address Confirm email

Work email Personal email

Password Show Confirm password Show
Password Confirm password

Security question Security question answer
Please Select Security question answer
This field is case-sensitive.

Back Complete Registration

Read and Accept Agreement

You will be prompted to read and after that, agree to the Prudential Group Insurance E-Consent statement. Review the statement and click on the I Agree check box, acknowledging that you read and understood it. Next, click on the *Continue* button.

Agreement Close

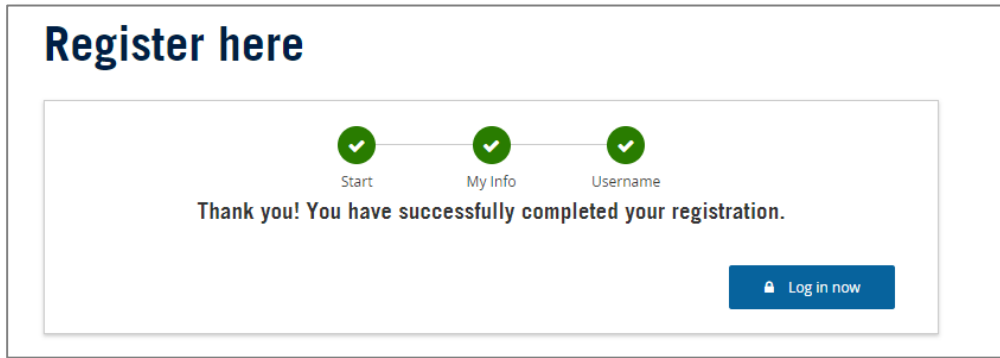
BY CHECKING THE I AGREE BOX, YOU ACKNOWLEDGE THAT YOU AGREE TO THE ELECTRONIC DELIVERY OF THE AGREEMENT AND TO BE LEGALLY BOUND, WITH RESPECT TO THIS AGREEMENT, AS IF YOU HAD SIGNED THIS AGREEMENT WITH A HAND WRITTEN SIGNATURE.

YOU MAY PRINT A COPY OF THIS AGREEMENT FOR YOUR RECORDS.

I Agree

Print Continue

Registration Confirmation



CONGRATULATIONS, you registered successfully. Click on the *Log In now* button to return to the Login Page. There, enter your Username and Password and click on *Log In*.

Home Page

Upon successful login, you will land on the home page. Information displayed here may vary, depending on the type of coverages and services available.

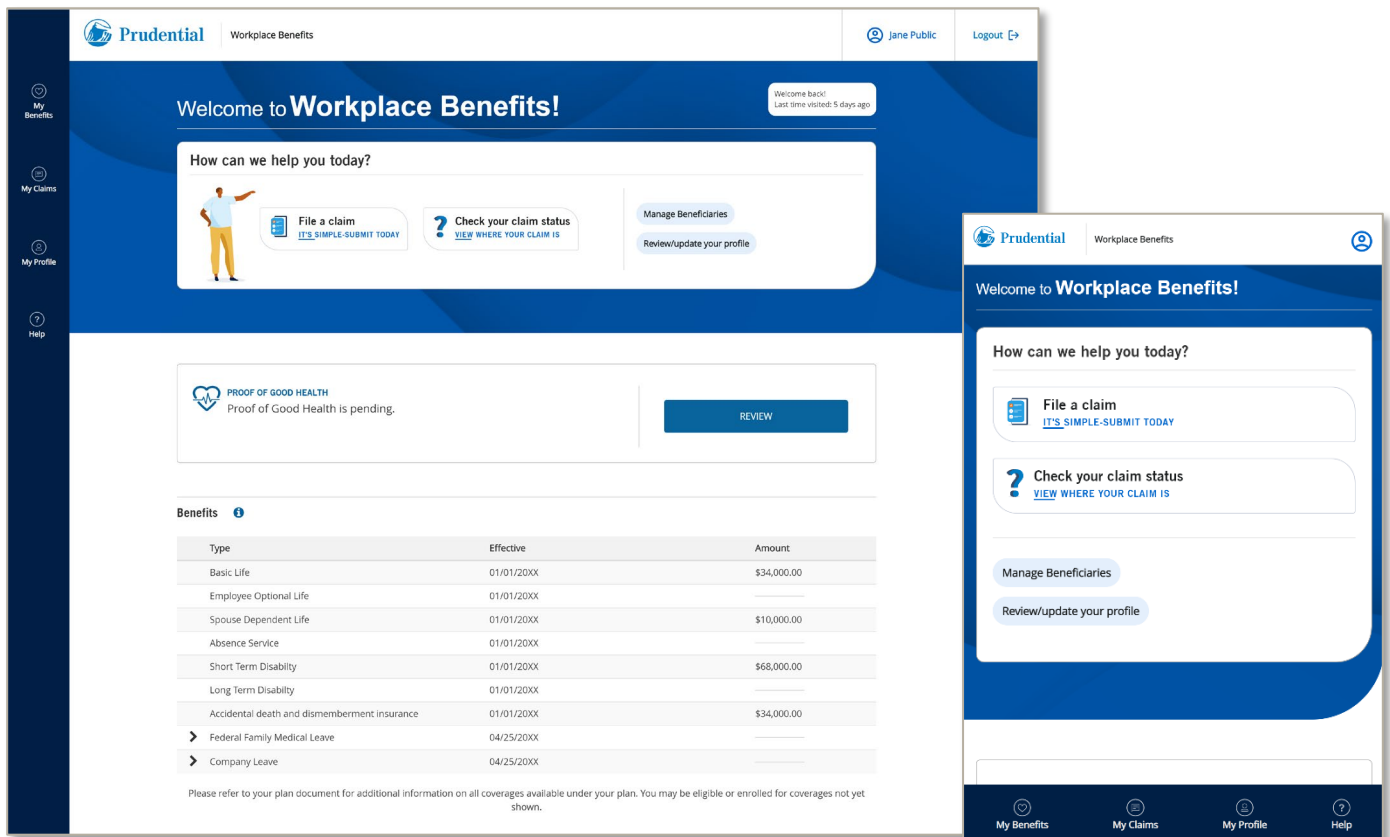
Navigation

Clicking on the Prudential icon from any page will bring you back to the home page. Additional Navigation options appear on the left of the home page, such as “My Benefits”, “My Claims”, “My Profile” and “Help”. If you are using your mobile device, the buttons will appear on the bottom depending on your screen size.

How can we help you today?

The home page features links to the most used sections on the site. These links will vary depending upon what types of coverage and services are offered by your employer. Additionally, if you have purchased supplemental health coverage, you would see links for those as well.

This section will be customized for your specific needs as they change over time. You may also want to keep an eye out for any important message from your employer at the top of this screen.



MyBenefits

If Prudential is providing Coverage Record Keeping Services, you will see the Benefits section on the home page. Your current benefits will be displayed along with any special messages that may apply.

The screenshot displays the Prudential MyBenefits website interface. At the top, the Prudential logo and 'Workplace Benefits' are visible, along with a user profile for 'Jane Public'. The main header area features a 'Welcome to Workplace Benefits!' message and a 'How can we help you today?' section with three primary actions: 'File a claim', 'Check your claim status', and 'Manage Beneficiaries'. Below this, a 'PROOF OF GOOD HEALTH' notification indicates that the proof is pending, with a 'REVIEW' button. The 'Benefits' section is presented as a table with columns for 'Type', 'Effective', and 'Amount'. A sidebar menu on the right, titled 'My Benefits', provides navigation links for 'My Benefits Overview', 'Proof of Good Health', and 'Manage Beneficiaries'. The main navigation on the left includes 'My Benefits', 'My Claims', 'My Profile', and 'Help'.

Type	Effective	Amount
Basic Life	01/01/20XX	\$34,000.00
Employee Optional Life	01/01/20XX	---
Spouse Dependent Life	01/01/20XX	\$10,000.00
Absence Service	01/01/20XX	---
Short Term Disability	01/01/20XX	\$68,000.00
Long Term Disability	01/01/20XX	---
Accidental death and dismemberment insurance	01/01/20XX	\$34,000.00
> Federal Family Medical Leave	04/25/20XX	---
> Company Leave	04/25/20XX	---

Please refer to your plan document for additional information on all coverages available under your plan. You may be eligible or enrolled for coverages not yet shown.

To see your additional benefits, you can click on the My Benefits icon in the navigation.

Depending upon the benefits and services your employer provides and the benefits you have chosen, you may also have links for:

- Group Universal Life / GVUL
- Manage Beneficiaries
- Supplemental Health Benefits
- Proof of Good Health

Manage Beneficiaries

If you are enrolled in coverage(s) that allow beneficiary management, a [Manage beneficiaries](#) link will be visible on the home page [How can we help you today?](#) section and under *My Benefits* on the left side of the screen. You may also see your beneficiaries on the bottom of the home page.

To view or change beneficiaries follow the link.

The screenshot displays the Prudential Workplace Benefits portal. At the top, the Prudential logo and 'Workplace Benefits' are visible. The user is identified as 'Jane Public' with a 'Logout' link. A 'Welcome back!' message indicates the user last visited 5 days ago. The main content area features a 'How can we help you today?' section with three primary actions: 'File a claim' (with a sub-link 'IT'S SIMPLE-SUBMIT TODAY'), 'Check your claim status' (with a sub-link 'VIEW WHERE YOUR CLAIM IS'), and 'Manage Beneficiaries' (with a sub-link 'Review/update your profile'). Below this, a 'PROOF OF GOOD HEALTH' section shows that the proof is pending, with a 'REVIEW' button. The 'Benefits' section contains a table of active coverages, and the 'Beneficiaries' section contains a table of current beneficiaries. A 'My Benefits' sidebar menu is open on the right, listing navigation options: 'My Benefits Overview', 'Group Universal Life / GVUL', 'Proof of Good Health', and 'Manage Beneficiaries'.

Type	Effective	Amount
Basic Life	01/01/20XX	\$34,000.00
Employee Optional Life	01/01/20XX	---
Spouse Dependent Life	01/01/20XX	\$10,000.00
Absence Service	01/01/20XX	---
Short Term Disability	01/01/20XX	\$68,000.00
Long Term Disability	01/01/20XX	---
Accidental death and dismemberment insurance	01/01/20XX	\$34,000.00
> Federal Family Medical Leave	04/25/20XX	---
> Company Leave	04/25/20XX	---

Name	Type	Effective	Share	Coverage
John Public	Primary	05/10/20XX	50%	All
Anne Public	Primary	05/10/20XX	50%	All

View/Change/Add Beneficiaries

Clicking on the *Add a Beneficiary* button will allow you to designate your beneficiaries.

Prudential Workplace Benefits Jane Public Logo

Beneficiaries

Beneficiary changes can only be made once every 24 hours.
Updates/deletions are not processed until the 'Submit All Beneficiary Changes' button is clicked.

[Add a Beneficiary](#)

ALL COVERAGES

Name	Type	Share (%)	Divide Equally	
John Public	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary	50	%	Edit Delete
Anne Public	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary	50	%	Edit Delete

[Add a Beneficiary](#)

If you are permitted to elect beneficiaries by Coverage, select the coverage(s) that you want to apply for this beneficiary. You may also check the “Select All” option which will apply all coverages to that beneficiary.

You will first have to choose the beneficiary *Type* and enter the details requested on the screen. The required information will vary depending on the beneficiary type you select. Provide the required information for the beneficiary you are adding and click on *Add a Beneficiary*.

Add Beneficiary ✕ close

Type of beneficiary
 Individual Organization Trust Estate Other Preference Beneficiary

First name: Last name: Relationship:

Date of birth (optional): Social security number (optional): Country (optional):

Address 1 (optional) Same as my address Address 2 (optional):

City (optional): State (optional):

Zip code (optional): Phone number (optional):

Repeat this process to continue adding and/or editing all your beneficiaries.

Once you have entered the information for all your beneficiaries, you will then indicate which are *Primary* and which are *Secondary*. A secondary beneficiary receives the benefit payment if the primary beneficiaries are all deceased. To designate a beneficiary as secondary, you must also have a primary beneficiary on file.

Next, indicate the *Share* by entering a whole number in each percentage field. Total percentages for Primary beneficiaries and total percentages for Secondary beneficiaries must equal 100%. If you would like to split the benefit equally among all beneficiaries, click on *Share (%) Divide Equally* to allow the system to enter the percentage for you.

Name	Type	Share (%)	Divide Equally	
Estate of John Public	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary	50	%	Edit Delete
Anne Public	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary	50	%	Edit Delete

Click on *Submit All Beneficiary Changes* to save your beneficiary designations. You can return to the site at any time to review and change these designations.

To change or remove a beneficiary, simply utilize the *Edit* and *Delete* options found to the right of each beneficiary. Once you have submitted your beneficiaries, you will need to wait until the next day to make any updates. Beneficiary changes can only be made once every 24 hours.

Proof of Good Health or Evidence of Insurability

If you requested new or additional coverage that requires Proof of Good Health or Evidence of Insurability, you can view the status of your health statement online by selecting *Proof of Good Health OR Evidence of Insurability (whichever applies)* from the navigation tab. You will be presented information for your health statement which includes the Status, along with any requested or received information. You will be able to view information like the application status along with the date it was submitted, details about the health statement, and details about any outstanding requirements along with the dates they were requested and/or received.

Any missing information that is required will be presented on this page. If you have missing health statement information that you must provide, you will have the ability to provide that information online via the 'Provide My Missing Information' link. If you have Additional Health Questions that are required, you will have the ability to upload the Long Form online. In addition, if you wish to Appeal a decision on your health statement, you will have the ability to upload your Appeal Documentation online.

Health Statement Documents can be viewed online when available, by clicking on the *View Document* link.

Proof of Good Health

John Public Employer: XYZ Company As of May 10, 2018

2018

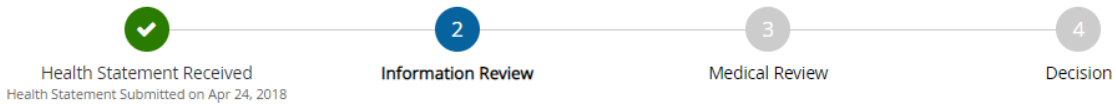
Coverage Type: Life

Submitted Apr 24, 2018

Pending

John Public

Date of Birth: Jan 1, 1975



Requested Information

Apr 24, 2018

Missing Information:

- Missing Height
- Missing Weight


[Provide My Missing Information](#)

You have 45 days from the Date of Request to provide the missing information, otherwise your coverage request will be closed due to the lack of information


When the *Provide My Missing Information* link is clicked, you will be presented with the Missing Information page. This page will provide the information that we require from you (for example: Height, Weight or a health question that was not answered).

Missing Information

Please provide us with your missing information here.

Height 

Select Feet Select Inches

Weight 

Pounds

[Save & Continue](#)

Once the Missing Information is provided and submitted, you can Print or Save a copy of your submission. In addition, the missing information you submitted will be available to view on the Proof of Good Health or Evidence of Insurability page.

If Additional Health Questions (Long Form) or Appeal Documentation has been provided online, this information that was uploaded will be available to view on the Proof of Good Health or Evidence of Insurability page.

When the *Upload My Long Form* link or *Upload My Appeal Documentation* link is clicked on, you will be presented with the Upload Documents page. This page will allow the user to upload their Long Form Health Statement or Appeal Documentation.

Upload Document

Please provide us with your documents here.

[Upload document](#) 

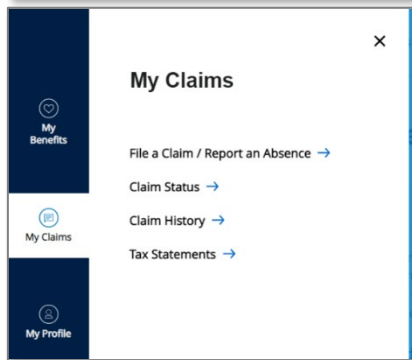
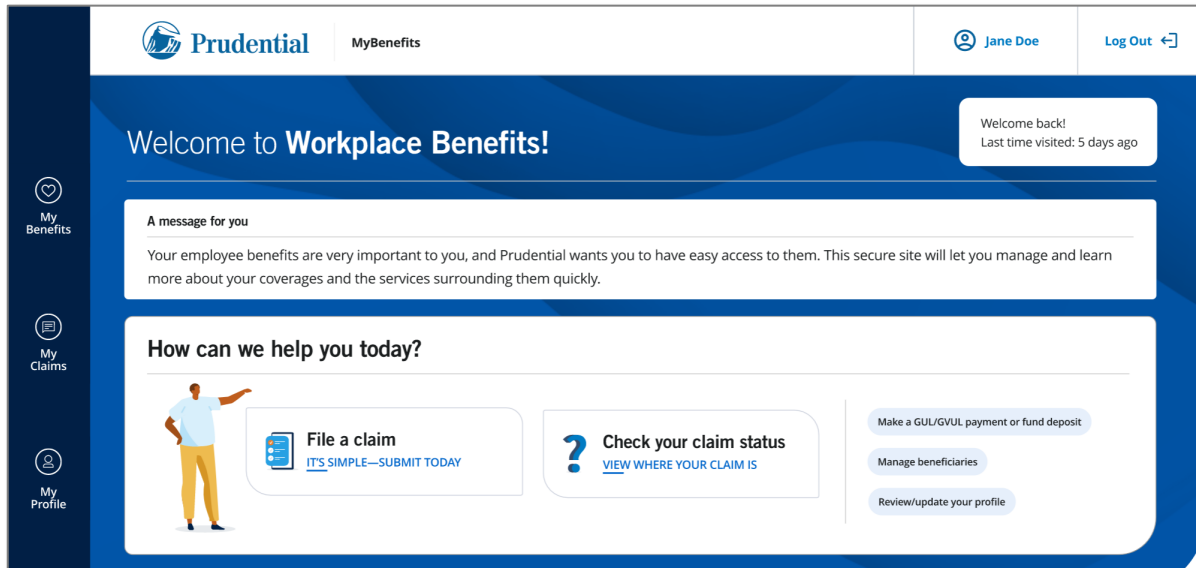
[Save & Continue](#)

My Claims

File a Claim / Report an Absence

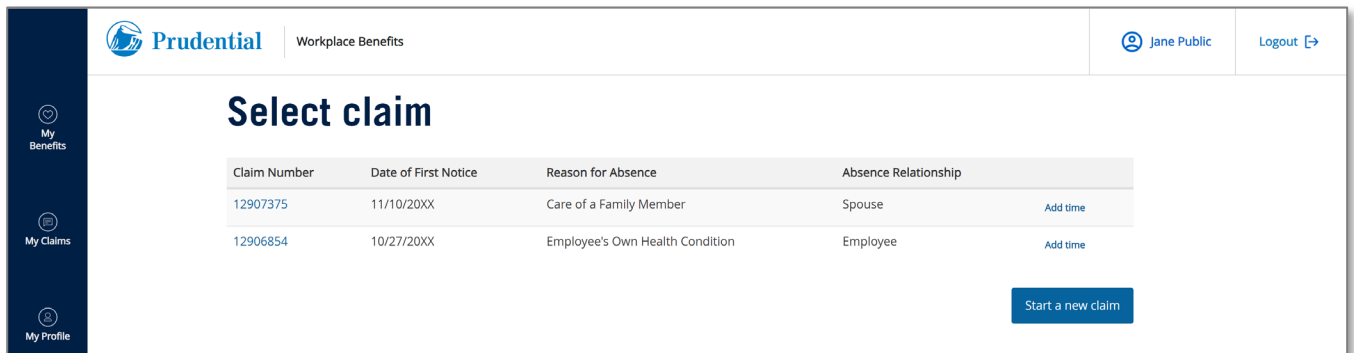
To file a Disability or Absence Claim online or Report an Absence:

1. Select *File a Claim* from the home page, or
2. Select My Claims > File a Claim / Report an Absence



Report an Absence/Add Time

Directly from the home page, if you need to report an absence, you will be taken to the Report an Absence/Add Time page. Select your claim by clicking *Add Time* in the applicable row.



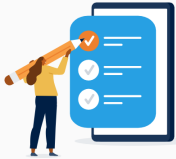
What you will need & what to expect

If you selected File a Claim from the home page, you will be taken directly to the first step in the claims submission process or Add Time page. If you clicked on My Claims > File a Claim, you will see the following page.

On this page, you are provided with a list of items and information you may need to complete the claim submission process. You can gather all necessary information and then click on *File a Claim / Report an Absence*.

File a Claim / Report an Absence

Disability and Absence



- Did you or your partner have a baby?
- Are you recovering from an accident or illness?
- Were you diagnosed with an illness?
- Are you caring for a loved one?

[What you will need & what to expect](#)

[File a Claim / Report an Absence](#) →

What You Will Need:

- Doctor's contact information
- Medical information
- Dates related to your absence
- Bank account information

What To Expect:

- Starting a new claim takes about 15 minutes.
- It may typically take up to 15 business days to get a claim decision.

Just like on the home page link, when clicking File a Claim / Report an Absence, if you have a claim where you can add time, you will be taken to the Add Time screen. Click on your claim number or add time next to the claim. Click Start a new claim to get started.

Select claim

Claim Number	Date of First Notice	Reason for Absence	Absence Relationship	
12907375	11/10/20XX	Care of a Family Member	Spouse	Add time
12906854	10/27/20XX	Employee's Own Health Condition	Employee	Add time

[Start a new claim](#)

Step 1 – Demographic Info

The first step in the claim submission process is to provide or verify your Personal and Work Information which may, in some cases, have already been provided by your Employer.

Simply provide, verify, or edit the information and click on *Save & Continue*.

File a Claim / Report an Absence

1 — 2 — 3 — 4 — 5
Demographic Info Reason Time Away Payment Finish

Personal Information Name: (Need to edit? Click Update Profile) <input type="text" value="Jane"/> <input type="text" value="Public"/> Social Security Number: <input type="text" value="..."/> <input type="text" value=".."/> <input type="text" value="1234"/> Date of Birth: <input type="text" value="01/01/1975"/> <input type="button" value="📅"/> Spousal or Domestic Partnership Status: <input type="text" value="Married"/> <input type="button" value="⌵"/> Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female Is this claim related to COVID-19 or the Coronavirus? * <input type="text" value="Please Select"/> <input type="button" value="⌵"/>	Work Information Employer: <input type="text" value="XYZ Company"/> Work State: <input type="text" value="Alabama"/> <input type="button" value="⌵"/> Employee ID: <input type="text" value="505529"/> Job Category: <input type="text" value="Sedentary"/> <input type="button" value="⌵"/> Job Title: <input type="text" value="CUSTOMER ZONE TECH II"/> Work Location: <input type="text"/>
---	---

Then, you can indicate how you would like to be contacted regarding this claim. In most instances, updates will be made via the My Profile tab on the left of any screen.

You can choose to provide your mailing or email address to receive correspondence. By enrolling in Prudential's Go Green initiative, you will be choosing to receive communications from us quickly and securely through email and be environmentally conscious in the process. Please note that there is still some correspondence that Prudential is required to send via postal mail.

File a Claim / Report an Absence



Would you like the Preferred Communication Method for this claim to be email? (Need to edit? Click [Update Profile](#))

Yes No

Personal Email (Need to edit? Click [Update Profile](#))

john.public@prudential.com

Work Email (Need to edit? Click [Update Profile](#))

Preferred Email (Need to edit? Click [Update Profile](#))

Personal Work

Address for this claim

Different Mailing Address

Residence (Need to edit? Click [Update Profile](#))

Domestic Foreign

123 Main Street

Apartment B

Springfield

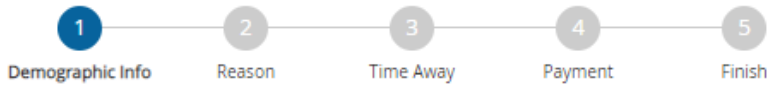
Alabama

12345

Back

Save & Continue

File a Claim / Report an Absence



Mobile Phone: (Need to edit? Click Update Profile)

Home Phone: (Need to edit? Click Update Profile)

Work Phone and Extension (Need to edit? Click Update Profile)

Back

Save & Continue

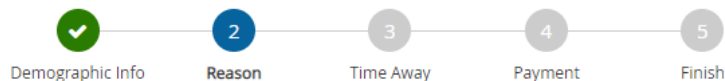
Simply provide or verify the information and click on *Save & Continue*.

Step 2 – Reason

Next, you will be prompted to provide the reason for your absence. You will be presented with series of questions regarding the reason for your absence; the answers you choose on the first screen will dictate what other questions appear. Also, as you provide answers on certain screens, additional questions may appear. We know your time is valuable and have streamlined the process to request only information relevant to the type of claim you are submitting.

Once you have answered the questions on each screen, click on *Save & Continue*. (Depending on your answers, you may see more screens for this step than shown below.)

File a Claim / Report an Absence



When will you be out of work?

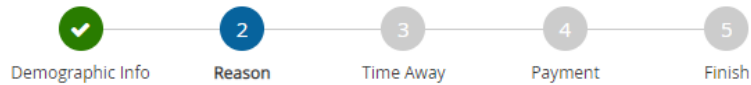
What is the last day you were/will be physically at work? **If this date is unknown, please provide an estimated date (required)

What was/is the first date you were unable to work due to this absence?

Back

Save & Continue

File a Claim / Report an Absence



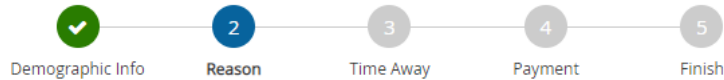
If you are out for COVID-19 or Coronavirus and are experiencing symptoms, please select Employee Own Serious Health Condition / Sickness for the Absence Reason.

What are you out of work for? (required)

Back

Save & Continue

File a Claim / Report an Absence



Please provide a brief description of the event which caused the accident/injury:

What was the date of the accident/injury?

What is the first day, including non work days, this condition made you incapable of working?

Do you have the ability to work from home?

Yes No

Please provide a brief description of the medical reason for this claim:

Was the accident/injury the result of a motor vehicle accident?

Yes No

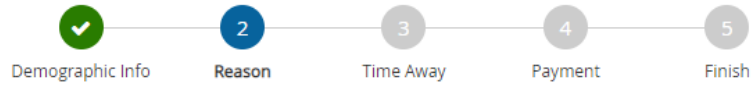
Was the Accident/Injury/Sickness/Surgery related to your job?

Yes No

Back

Save & Continue

File a Claim / Report an Absence



Physician Last Name

Physician First Name

Domestic Foreign

Physician Address Line 1

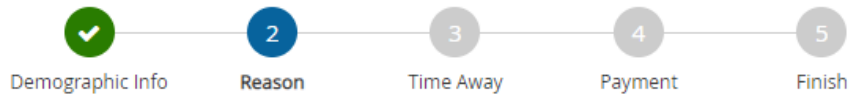
Physician Address Line 2

Physician City

Back

Save & Continue

File a Claim / Report an Absence



Physician State

Physician Postal Code

Physician Country Foreign Last Line

Phone:

 - -

Extn:

Fax:

 - -

Specialty:

Has your health care provider discussed an expected return to work date?

Yes No

What is your expected return to work date according to your health care provider?

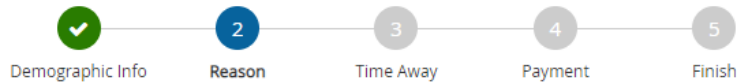
Will you be having surgery?

Yes No

Were you hospitalized?

Yes No

File a Claim / Report an Absence



I authorize and instruct any health plan, physician, health care professional, medical professional, hospital, clinic, laboratory, pharmacy, clearinghouse, data warehouse, or other organization that aggregates and maintains pharmacy data, MIB, Inc. (formerly known as the Medical Information Bureau), medical facility, or other health care provider or insurance company or producer that has provided treatment, payment, or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other information concerning me or my mental or physical health to the Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I authorize any insurance company, employer, the Social Security Administration, or other person or institutions to provide any information, data, or records relating to my Social Security, Workers' Compensation, credit, financial, earnings, activities, or employment history to Prudential.

For purposes of this Authorization, I acknowledge that any agreements I have made with My Providers that restricts the disclosure of my protected health information as described above do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical record without restriction, including any restrictions on healthcare items or services for which a healthcare provider has been paid out of pocket in full.

This information is to be disclosed under this Authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage or benefits I have or have applied for with Prudential.

This Authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers or Prudential has relied on this Authorization or to the extent that Prudential has a legal right to contest a claim under any insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and will no longer be protected by the HIPAA Privacy Rule governing privacy and confidentiality of health information.

I understand that if I refuse to sign this Authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this Authorization.

Authorization for Release of Information to Prudential Insurance Company

This authorization is intended to comply with the HIPAA Privacy Rule.

I accept the terms of this authorization.

Yes No

Back

Save & Continue

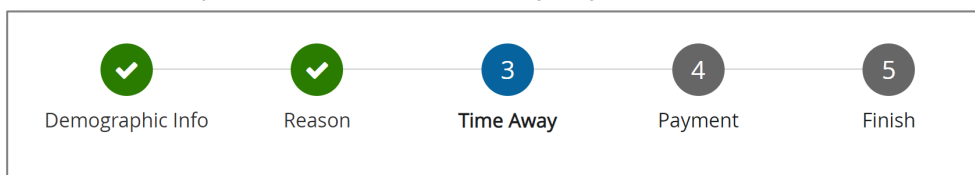
If medical records are required, the final screen in this step conveniently allows you to provide electronic authorization for your physician to release those records. Review the Authorization Statement and check *Yes*.


When you submit your claim, the system will automatically send a faxed copy of your authorization, including your electronic signature, to the fax number you provided.

If you do not wish to provide electronic consent, simply check *No*, and move forward. In this case, you will be required to provide your physician with written authorization to release your records to Prudential.

Step 3 – Time Away

First, you need to provide us with the days you will be absent. Please type in the field or click on the calendar icon to provide the first and last day of your absence.





Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: MM/DD/YYYY

Last day of absence: MM/DD/YYYY

I am not sure about the last date of my absence

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

When do you need to be away from work?

First day of absence: MM/DD/YYYY

Last day of absence: MM/DD/YYYY

I am not sure about the last date of my absence

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Save & Continue

Not sure about your last day of absence?

It's okay if you don't know the last day of your absence. You can input the date of your next doctor's office appointment. Or you can check the box that says "I am not sure about the last date of my absence". When you click on this box, we will assume 30 days from your first day of absence to get you started. Contact Customer Service at 1-877-367-7781 any time to provide updates.

When do you need to be away from work?

First day of absence: 08/01/2023

Last day of absence: 08/31/2023

I am not sure about the last date of my absence

If you entered a last day of absence and *then* clicked on the "I am not sure about the last date of my absence", we will update your last date of absence to be 30 calendar days from your first date of absence. You will see a pop-up message informing you of this update. Select *OK* to accept or *Cancel* to uncheck that box and keep the last day of absence you provided.

Last Day of Absence

You have indicated you are unsure of your return. We will update your last date of absence to be 30 calendar days from your first date of absence.

How often will you be absent?

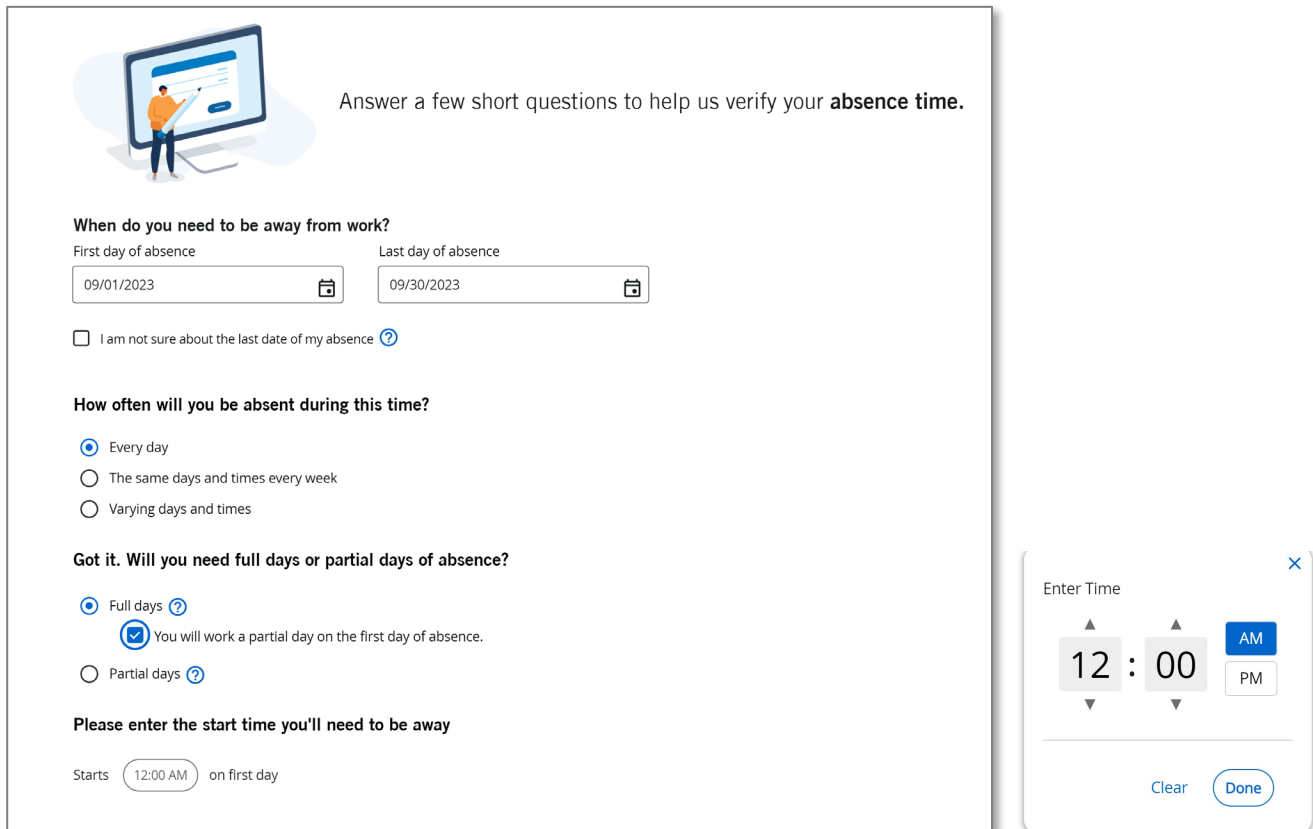
Next, you'll be asked how often you will be absent. You will get different questions depending upon how often you will be absent.

Every day

Choose *every day* if you will be out every day of your entire absence. Then, indicate whether or not you will need full or partial days.

Full days indicate you will be absent for the full day of your normal work schedule.

Partial days indicate that you will be absent for only a part of your normal work schedule. For example, you will be absent from 8am to 12pm when your normal work schedule is 8am to 4pm.



The image shows a screenshot of a web form for requesting an absence. The form is titled "Answer a few short questions to help us verify your absence time." and contains several sections:

- When do you need to be away from work?**
 - First day of absence: 09/01/2023
 - Last day of absence: 09/30/2023
 - I am not sure about the last date of my absence
- How often will you be absent during this time?**
 - Every day
 - The same days and times every week
 - Varying days and times
- Got it. Will you need full days or partial days of absence?**
 - Full days
 - You will work a partial day on the first day of absence.
 - Partial days
- Please enter the start time you'll need to be away**
 - Starts: 12:00 AM on first day

To the right of the form is a "Enter Time" picker. It shows the time 12:00 with AM/PM buttons and arrows for adjustment. There are "Clear" and "Done" buttons at the bottom.

Full Days

If you choose full days, you can indicate if you work a partial day on your first day of absence. If so, enter your start time you'll need to be away. You can click on the time and either manually type the start time or use the arrows to update the hours, time, and am or pm.

Partial Days

If you choose partial days, indicate what hours you will need to be out of work every day of your absence. You can click on the time and either manually type the start time or use the arrows to update the hours, time, and am or pm.

The screenshot shows a web form with the following sections:

- How often will you be absent during this time?**
 - Every day
 - The same days and times every week
 - Varying days and times
- Got it. Will you need full days or partial days of absence?**
 - Full days ?
 - Partial days ?
- So, what hours will you need to be out of work every day of your absence?**
 - Starts: 12:00 AM
 - Ends: 11:59 PM

An "Enter Time" modal is open, showing a digital clock set to 12:00 with AM/PM buttons and "Clear" and "Done" options. A "Save & Continue" button is located in the bottom right corner of the form.

Once you made your updates, click *Save & Continue* to proceed to the next screen.

Same days and times each week

If you will be absent the same days and times each week, but not full weeks at a time, choose *The same days and times every week*.

Click on the days you will be out of work each week. Then, indicate whether or not you'll be away full or partial days. Full days indicates you will be out your full work day.

The screenshot shows a web form with the following sections:

- How often will you be absent during this time?**
 - Every day
 - The same days and times every week
 - Varying days and times
- Please select the days you'll be out of work each week.**
 - Sun
 - Mon
 - Tue
 - Wed
 - Thu
 - Fri
 - Sat
- Got it. Will you need full days or partial days of absence?**
 - Full days ?
 - Partial days ?

If you choose *Partial days* you will need to indicate when you'll be out of work during your absence. You can click on the times and update them in the pop-up that appears.

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Please select the days you'll be out of work each week.

Sun Mon Tue Wed Thu Fri Sat

Got it. Will you need full days or partial days of absence?

Full days ?

Partial days ?

So, what hours will you need to be out of work every day of your absence?

Starts 9:00 AM Ends 12:00 PM

Click *Save & Continue* at the bottom of the page to proceed to the next screen.

Varying dates and times

If your absence varies by week, you can select *varying days and times*. This will display a calendar. Click on each day of the calendar that you will be absent. The days you click will appear blue on the calendar. Simply click on the day to remove it if you selected it by mistake. If your absence extends across multiple months, make sure to click on the days in the next month(s), too. You can click on the left arrow next to the month to advance to the next month.

Updating your absence time: As you click each day on the calendar, it will be listed with the date, the option to choose full day, and the option to update your start and end time. Choose full day by clicking on it or update your start and end times by clicking on each of those fields.

Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: 09/01/2023
Last day of absence: 09/30/2023

I am not sure about the last date of my absence

How often will you be absent during this time?

Every day
 The same days and times every week
 Varying days and times

Got it. Enter the dates and times you'll be absent.

Date	Full Day	Starts	Ends
Fri 09/01/2023	<input type="checkbox"/>	1:00 PM	5:00 PM
Wed 09/06/2023	<input checked="" type="checkbox"/>	12:00 AM	11:59 PM
Thu 09/07/2023	<input checked="" type="checkbox"/>	12:00 AM	11:59 PM
Mon 09/11/2023	<input type="checkbox"/>	12:00 AM	11:59 PM
Tue 09/12/2023	<input type="checkbox"/>	12:00 AM	11:59 PM
Wed 09/20/2023	<input type="checkbox"/>	12:00 AM	11:59 PM
Thu 09/21/2023	<input type="checkbox"/>	12:00 AM	11:59 PM
Fri 09/29/2023	<input type="checkbox"/>	12:00 AM	11:59 PM

[Clear All](#)

Save & Continue


Click *Save & Continue* when you are finished.

Prior Time Taken Error Messages

If you request absence dates that you have previously requested, you will see a message at the top of the page. That message will tell you what dates you have previously requested time for. This includes dates that have been approved, denied, or are pending.

No matter how often you will be absent and at what frequency, we are checking those dates against previously requested time.


In order to proceed with your request, please update your absence dates to exclude previously requested time.





Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

! You've already requested absence(s) on the following days: 08/09/2023, 08/17/2023
Please update the dates you have entered to exclude previously requested absences or contact Customer Service at 1-877-367-7781 for assistance.

First day of absence: 08/01/2023 

Last day of absence: 08/31/2023 

I am not sure about the last date of my absence 

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Work Schedule

Now it's time to update your typical work schedule. For every week you've requested an absence, you will see a work week that needs to be reviewed, updated, and confirmed.

The work schedule will be pre-populated with either:

- A work schedule you've provided in the past on other claims
- A work schedule provided by your employer, when applicable
- A default work schedule if nothing else is available

Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule.

If you are unsure of your work schedule during your absence, it's okay to estimate. You should do one of the following:

- Enter your schedule from last week
- Enter your typical schedule
- Leave or modify the schedule that's provided below

If your schedule changes from what you entered, contact Customer Service at 1-877-367-7781, M-F 8AM to 8PM ET.

Week 1 (Oct 8 - Oct 14)

Please select or modify the days and hours you work each week. Is your lunch/break time paid? Yes No

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	<input type="checkbox"/> Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

This schedule remains the same for all weeks of this absence. Done

Week 2 (Oct 15 - Oct 21) ▶

Week 3 (Oct 22 - Oct 28) ▶

Week 4 (Oct 29 - Nov 4) ▶

Back Save & Continue

You can update your work schedule by:

- clicking on days to add or remove them
- clicking on *yes* or *no* to indicate whether your lunch/break is paid or not

Please select or modify the days and hours you work each week. Is your lunch/break time paid? Yes No

- clicking on the *Day start* and *Day end* times
- clicking on the *Lunch/break start* and *Lunch/break end* times when applicable

- clicking *Same for all days* if your schedule is the same for every week

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	<input type="checkbox"/> Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

This schedule remains the same for all weeks of this absence.

Done

Confirming your work schedule

Once you've reviewed and updated your work schedule (if applicable), click the Done button. The next work week will expand and you can update this work week separately.

Week 1 (Oct 8 - Oct 14) ✓

Week 2 (Oct 15 - Oct 21) ▼

Please select or modify the days and hours you work each week.

Sun
Mon
Tue
Wed
Thu
Fri
Sat

Is your lunch/break time paid?
 Yes No

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	<input type="checkbox"/> Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

This schedule remains the same for all weeks of this absence.

Done

Week 3 (Oct 22 - Oct 28) ▶

If your schedule is the same for all weeks of your absence, you can click that box to indicate as such. All work weeks will be confirmed as *done*.



Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule.

If you are unsure of your work schedule during your absence, it's okay to estimate. You should do one of the following:

- Enter your schedule from last week
- Enter your typical schedule
- Leave or modify the schedule that's provided below

If your schedule changes from what you entered, contact Customer Service at 1-877-367-7781, M-F 8AM to 8PM ET.

Week 1 (Oct 8 - Oct 14)	✓
Week 2 (Oct 15 - Oct 21)	✓
Week 3 (Oct 22 - Oct 28)	✓
Week 4 (Oct 29 - Nov 4)	✓

Back

Save & Continue

Click on *Save & Continue* to proceed to the next screen.

View the Summary of Your Request

On this screen, you'll see a summary of your request. The calendar will show the dates you requested in blue along with green dots indicating your work schedule. There will also be a written summary of how often you'll be out.

You can change the month use the right and left arrows next to the Month. Below are various examples of the calendar view based on how often you will requested your absence for.

Absence every day over a period of time

Here's a summary of the absence(s) you requested.
 Save & Continue to finish submitting your claim.


< **September 2023** >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:
every day (Full day)
 from Sep 01, 2023 - Oct 01, 2023

● Scheduled Working Days



Need to report additional absences?

Once you complete your claim, simply log back into this benefits portal to submit additional dates.

Absence same days and times

Here's a summary of the absence(s) you requested.
 Save & Continue to finish submitting your claim.


< **September 2023** >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:
every Monday and Wednesday and Friday (Partial day - 9:00 AM - 12:00 PM)
 from Sep 01, 2023 - Sep 23, 2023

● Scheduled Working Days



Need to report additional absences?

Once you complete your claim, simply log back into this benefits portal to submit additional dates.

Back
Save & Continue

Absence across varying days and times

Here's a summary of the absence(s) you requested.
Save & Continue to finish submitting your claim.

< **September 2023** >


SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:

- Fri - Sep 01, 2023 (Partial day - 1:00 PM - 5:00 PM)
- Wed - Sep 06, 2023 (Full day)
- Thu - Sep 07, 2023 (Full day)
- Mon - Sep 11, 2023 (Full day)
- Tue - Sep 12, 2023 (Partial day - 9:00 AM - 12:00 PM)
- Wed - Sep 20, 2023 (Full day)
- Thu - Sep 21, 2023 (Partial day - 12:00 PM - 4:00 PM)
- Fri - Sep 29, 2023 (Partial day - 12:00 PM - 4:00 PM)

● Scheduled Working Days



Need to report additional absences?

Once you complete your claim, simply log back into this benefits portal to submit additional dates.

Requested absence days

If you have requested more than 10 absences, you can click on View More to see the rest of them listed out in text.

Requested absence days

You've requested:

- Fri - Sep 01, 2023 (Partial day - 1:00 PM - 5:00 PM)
- Wed - Sep 06, 2023 (Full day)
- Thu - Sep 07, 2023 (Full day)
- Mon - Sep 11, 2023 (Full day)
- Tue - Sep 12, 2023 (Partial day - 9:00 AM - 12:00 PM)
- Wed - Sep 20, 2023 (Full day)
- Thu - Sep 21, 2023 (Partial day - 12:00 PM - 4:00 PM)
- Mon - Sep 25, 2023 (Full day)

[VIEW MORE >](#)

● Scheduled Working Days

Requested absence days

You've requested:

- Tue - Sep 26, 2023 (Full day)
- Wed - Sep 27, 2023 (Full day)
- Thu - Sep 28, 2023 (Full day)
- Fri - Sep 29, 2023 (Partial day - 9:00 AM - 12:00 PM)


[< BACK](#)

● Scheduled Working Days

Click *Save & Continue* to proceed to the next step.

Step 4 – Payment

If you are filing a claim for disability benefits and Prudential will be issuing benefit payments, you will be asked how you would like to receive your disability benefit payments. You can choose to set up a direct deposit into an account of your choosing or you can receive payments at the address you provided earlier, via postal mail. You can also indicate other sources of income associated with the disability being reported.



Demographic Info Reason Time Away **Payment** Finish

Please indicate deductions that should be withheld from your benefits, if applicable.

Type	Amount	Frequency	Start Date	End Date
<input type="checkbox"/> Voluntary FIT	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY

Do you have any other income as a result of this disability?

Type	Amount	Frequency	Start Date	End Date
<input type="checkbox"/> SSDB	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/> SS Retirement	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/> SS - Other	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/> Workers' Comp	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/> No Fault	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/> A&S/Sal Cont	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/> State Disab.	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY	MM/DD/YYYY

Click *Save & Continue* to proceed.

Would you like to receive any eligible benefit payments through Direct Deposit?
 Yes, I authorize Direct Deposit as specified in the [Electronic Funds Transfer Agreement](#) No

Banking Information:

Account Owner Name

Type of Account Checking Saving **Bank Name**

Bank Transit Routing Number **Confirm Bank Transit Routing Number**

Bank Account Number **Confirm Bank Account Number**

Name 1001
 123 Main St
 City, ST 12345

\$

121000197
Routing Number

1234567890
Bank Account Number

Click *Save & Continue* to proceed to the final step.

On the next screen, click on *Save & Continue* to acknowledge that you have read the disclaimer.

Step 5 – Finish

The fifth and final step gives you the opportunity to review and confirm your claim information.

Use the right arrow buttons to expand and collapse each section. Click within each section if you need to make any changes. Click on *Continue* after verifying the information.

File a Claim / Report an Absence

Demographic Info Reason Time Away Payment **5 Finish**

> Demographic Information

> Reason

> Time Away

Back Continue

Next you will see a list of disclaimers for specific states. Click on *Submit Claim*.

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, 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, which is 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 RESIDENTS -For your protection, California 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.

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.

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.

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.

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.

Back Submit Claim

A Prudential Claim Number will then be assigned. Since online claim submissions are in real time, this screen confirms that your claim was created in our Disability/Absence Claim System and is available to view in the claim status section.

File a Claim / Report an Absence



📌 Thanks for submitting your claim. Your claim number is #12485320.

To check the status of your claim, go to [Claim Status](#)

Thank you for providing us with this information. Within the next week, you should receive a communication packet in the mail which will include a letter outlining the eligibility status of your leave or leaves. The reference number for this claim is: 12907510

Your claim will be assigned to a claim manager focused on COVID-19 claim processing. The claim manager will review the information provided and obtain additional information from your health care provider, if needed/applicable.

Calls from Prudential usually appear on caller ID with the last 4 digits as 3400. Please do not screen or block this number, as it could be your claim manager calling with follow up questions or with decision information.

The information you provided today is sufficient to start our review. You do not need to contact us with any further information unless we reach out with a request. You can check on your claim status anytime at www.prudential.com/gicovid19. Initially, it will show as being in a pending status. We have experienced a larger than anticipated increase in new claims, due to COVID 19. This has been delaying claim decisions. Our priority is to make accurate claim determinations as quickly as possible. You can expect to hear from a claim manager within 3 weeks of claim receipt. You will be notified once the claim decision is complete.

You will need to notify Prudential of any additional absences related to this claim. One capability you should be aware of is that you can submit intermittent absence dates by text. To start the submission, text join to 79706. It will ask a few questions to capture what date/time you are absent from work and then add the date directly onto your claim. If you need to adjust your work schedule you will need to do that on the website or by calling into our contact center as this is not supported through text. You can also report additional absences on the Prudential MyBenefits website, and you will receive an email shortly with instructions on how to do so.

The Prudential My Benefits Website is available to you any time. Once logged in, you can check the status of your claim and review claim correspondence-including the ability to see if Prudential has received incoming documents on your claim.

Have claim documents to send?

[Upload claim documents now](#) or go to your claim status page to upload documents anytime.

Claims Status

The Claim Status page provides you with a list of claims that includes the type of claim, claim number, when it was submitted and the claim status.

The screenshot shows the Prudential Workplace Benefits portal for user Nola Abcd. The page title is "Claim Status". A central card titled "Disability and Absence" contains a list of actions: "Check the status of your claim", "View claim documents", "Upload claim documents", "View absence details", and "View payment history if applicable". A blue button labeled "Check my Disability & Absence claim status" with a right-pointing arrow is positioned to the right of the list. A vertical line separates the list from the button. On the left, a dark blue sidebar contains icons for "My Benefits", "My Claims", "My Profile", and "Help".

The screenshot shows the Prudential Workplace Benefits portal for user Jane Public. The page title is "Disability and Absence Claims". It features a list of two claims: "Care of a Family Member - Spouse Claim #12225382" (Submitted Jul 18, 20XX) and "Employee's Own Health Condition - Employee Claim #12193734" (Submitted Apr 9, 20XX). Below the list is a video thumbnail showing a woman at a laptop, with the title "Your Absence and STD Claim Experience" and a duration of "September 9, 20XX | 2 mins". The video description reads "What to expect after you file your Absence or STD claim". At the bottom, a section titled "Frequently Asked Questions" lists three questions: "How long does it take to get my benefit approved?", "What can I expect after my short-term disability claim is approved?", and "How can I extend my time out of work for an existing claim?". The left sidebar is identical to the previous screenshot.

The tool provides detailed information for the claim including action that is needed and the activity for the claim.

In addition, there is a short video that speaks to what an employee can expect after they file, their Absence and/or STD claim and there are frequently asked questions (FAQs) which provide additional information on topics such as the FMLA, timeline to receiving a decision, links to State Mandated benefits, etc.

Disability and Absence Claim Status

Click on a claim below for more details. Also check [Frequently Asked Questions](#) for more helpful information.

▼ Care of a Family Member - Spouse Claim #12225382 Submitted Jul 18, 20XX

[View Claim Documents](#) [Upload Claim Documents](#)

Care of a Family Member - Spouse

Submission ✓ Document Collection and Assessment ✓ Decision 📍

You have returned to work.

Federal Leave Certification Period (as of Jun 11, 20XX 2:42 AM) Mar 30, 20XX - Mar 29, 20XX

Federal Leave Pattern & Duration Starting 03/30/20XX, 4 x per month for 8 hours ending 03/29/20XX	Time Used 16.00 Hours View Details	Time Available 11.60 Weeks Add additional time to this claim
---	---	---

Note: Access the Absence Calendar to view the status of your requested time away from work. [View Calendar](#)

Expected Return to Work: Jul 25, 20XX

Recent Activity [View Claim Documents](#)

We sent "Absence Only Letters - Intermittent Approval"	Apr 18, 20XX
We received "Care of Family Member (COFM) Medical Cert - Care of Family Member (COFM) Medical Cert - Physician"	Apr 16, 20XX
We sent "Absence Only Letters - Intermittent Approval"	Apr 3, 20XX
We received "Care of Family Member (COFM) Medical Cert - Care of Family Member (COFM) Medical Cert - Physician"	Mar 30, 20XX
We sent "Absence Only Letters - Approval/Denial letter"	Aug 1, 20XX

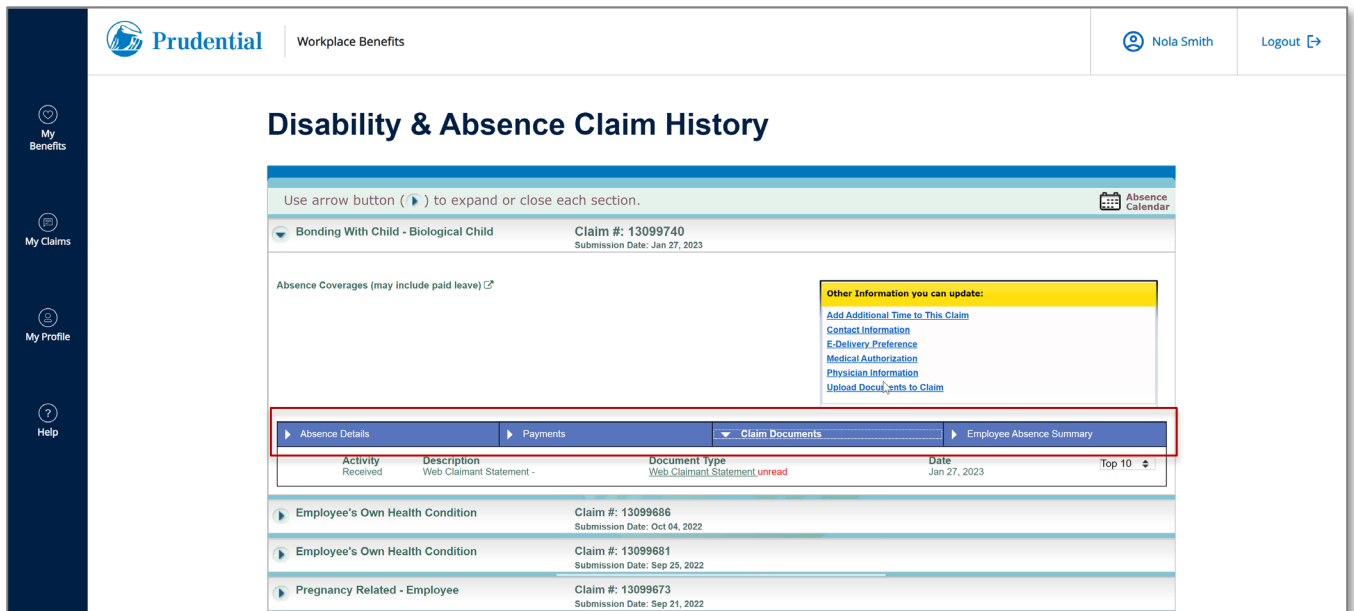
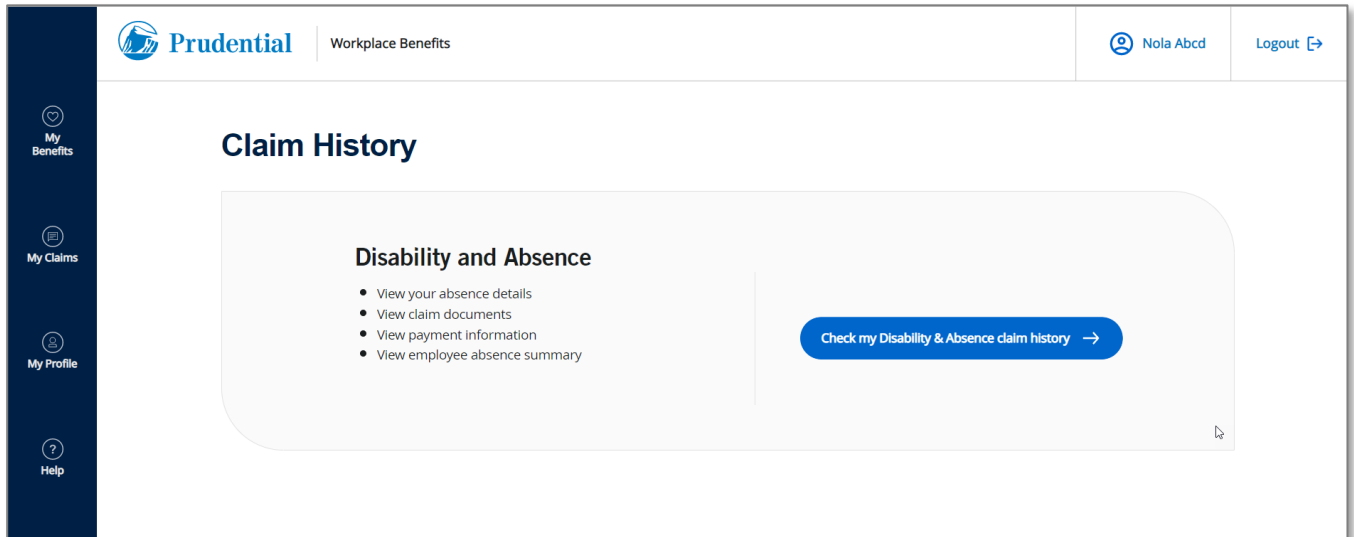
[Show More](#)

[Upload Documents](#) [New Medical Authorization](#) [Update Healthcare Provider Information](#)

From the page, you can link to other areas of the website to obtain or provide additional information, including reviewing leaves of absence via the Absence Calendar and/or uploading additional documentation for your claim.

Claim History

To view the history of a Disability or Absence Claim online, select *Claims History* from the My Claims navigation tab. This page will provide a list of your claims when you click on *Check my Disability & Absence claim history*.



You can also click on the other section headings within the claim to expand additional information on *Absence Details*, *Claims Documents* and *Employee Absence Summary* OR *Payments*, *Claim Documents* and *Claim Events*. This additional information varies depending on the type of claim.

Add Additional Time to Claim

If applicable to your claim, you can add time to a claim from 4 locations. They each bring you to the same Add Time Away calendar.

1. Home page > File a Claim > Add Time
2. My Claims > File a Claim > Add Time
3. My Claims > Claim Status > Expand claim > Click on *Add more time*
4. My Claims > Claim History > Expand claim > Click on *Add Additional Time to This Claim*

Home Page > File a Claim

If you can have supplemental health coverage and can also file a supplemental health claim, you will see this pop-up from the home page. Select Disability/FMLA/Absence. The Select Claim screen will show you which claims are applicable to add time to.

My Claims > File a Claim > Add Time

Claim Number	Date of First Notice	Reason for Absence	Absence Relationship	
12906267	10/27/20XX	Employee's Own Health Condition	Employee	Add time
12906314	11/10/20XX	Pregnancy Related	Employee	Add time

[Start a new claim](#)

My Claims > Claim Status

▼ **Care of a Family Member - Spouse Claim #12225382** Submitted Jul 18, 20XX

[View Claim Documents](#) [Upload Claim Documents](#)

Care of a Family Member - Spouse

Submission ✓ Document Collection and Assessment ✓ Decision 📍

You have returned to work.

Federal Leave Certification Period (as of Jun 11, 20XX 2:42 AM) **Mar 30, 20XX - Mar 29, 20XX**

<p>Federal Leave Pattern & Duration</p> <p>Starting 03/30/20XX, 4 x per month for 8 hours ending 03/29/20XX</p>	<p>Time Used</p> <p>16.00 Hours</p> <p>View Details</p>	<p>Time Available</p> <p>11.60 Weeks</p> <p>Add additional time to this claim</p>
---	---	---

Note: Access the Absence Calendar to view the status of your requested time away from work. [View Calendar](#)

My Claims > Claim History


Other Information you can update:

- [Add Additional Time to This Claim](#)
- [E-Delivery Preference](#)
- [Medical Authorization](#)
- [Return to Work Date](#)
- [Upload Documents to Claim](#)

Step 1 – Absence Times


First, you need to provide us with the days you will be absent. Please type in the field or click on the calendar icon to provide the first and last day of your absence.


Add Time Away



Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

I am not sure about the last date of my absence


How often will you be absent during this time?


Every day

The same days and times every week


Varying days and times

When do you need to be away from work?

First day of absence: 


Last day of absence: 

First Date of Absence is required



August 2023

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2


 this time?


Save & Continue


Not sure about your last day of absence?

It's okay if you don't know the last day of your absence. You can input the date of your next doctor's office appointment. Or you can check the box that says "I am not sure about the last date of my absence". When you click on this box, we will assume 30 days from your first day of absence to get you started. Contact Customer Service at 1-877-367-7781 any time to provide updates.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

I am not sure about the last date of my absence 

If you entered a last day of absence and *then* clicked on the "I am not sure about the last date of my absence", we will update your last date of absence to be 30 calendar days from your first date of absence. You will see a pop-up message informing you of this update. Select **OK** to accept or **Cancel** to uncheck that box and keep the last day of absence you provided.

Last Day of Absence

You have indicated you are unsure of your return. We will update your last date of absence to be 30 calendar days from your first date of absence.

OK **Cancel**

How often will you be absent?

Next, you'll be asked how often you will be absent. You will get different questions depending upon how often you will be absent.


Every day

Choose *every day* if you will be out every day of your entire absence. Then, indicate whether or not you will need full or partial days.

Full days indicate you will be absent for the full day of your normal work schedule.


Partial days indicate that you will be absent for only a part of your normal work schedule. For example, you will be absent 8am to 12pm when your normal work schedule is 8am to 4pm.


Add Time Away




Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

I am not sure about the last date of my absence 


How often will you be absent during this time?

Every day


The same days and times every week

Varying days and times

Got it. Will you need full days or partial days of absence?


Full days 

You will work a partial day on the first day of absence.

Partial days 

Please enter the start time you'll need to be away

Starts on first day

Enter Time 

12 : 00

Full Days

If you choose full days, you can indicate if you work a partial day on your first day of absence. If so, enter your start time you'll need to be away. You can click on the time and either manually type the start time or use the arrows to update the hours, time, and am or pm.

Partial Days

If you choose partial days, indicate what hours you will need to be out of work every day of your absence. You can click on the time and either manually type the start time or use the arrows to update the hours, time, and am or pm.

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Got it. Will you need full days or partial days of absence?

Full days ?

Partial days ?

So, what hours will you need to be out of work every day of your absence?

Starts Ends

Enter Time

12 : 00

AM

PM

Clear Done

Save & Continue

Once you made your updates, click *Save & Continue* to proceed to the next screen.

Same days and times each week

If you will be absent the same days and times each week, but not full weeks at a time, choose *The same days and times every week*.

Click on the days you will be out of work each week. Then, indicate whether or not you'll be away full or partial days. Full days indicates you will be out your full work day.

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Please select the days you'll be out of work each week.

Sun Mon Tue Wed Thu Fri Sat

Got it. Will you need full days or partial days of absence?

Full days ?

Partial days ?

If you choose *Partial days* you will need to indicate when you'll be out of work during your absence. You can click on the times and update them in the pop-up that appears.

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Please select the days you'll be out of work each week.

Sun Mon Tue Wed Thu Fri Sat

Got it. Will you need full days or partial days of absence?

Full days ?

Partial days ?

So, what hours will you need to be out of work every day of your absence?

Starts 9:00 AM Ends 12:00 PM


Click *Save & Continue* at the bottom of the page to proceed to the next screen.

Varying dates and times

If your absence varies by week, you can select *varying days and times*. This will display a calendar. Click on each day of the calendar that you will be absent. The days you click will appear blue on the calendar. Simply click on the day to remove it if you selected it by mistake. If your absence extends across multiple months, make sure to click on the days in the next month(s), too. You can click on the left arrow next to the month to advance to the next month.


Updating your absence time: As you click each day on the calendar, it will be listed with the date, the option to choose full day, and the option to update your start and end time. Choose full day by clicking on it or update your start and end times by clicking on each of those fields.


Add Time Away




Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

I am not sure about the last date of my absence 

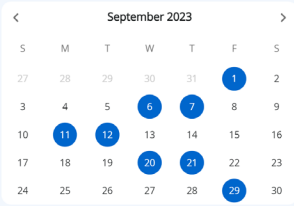
How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times

Got it. Enter the dates and times you'll be absent.



Fri 09/01/2023	<input type="checkbox"/> Full Day	Starts	<input type="text" value="1:00 PM"/>	Ends	<input type="text" value="5:00 PM"/>
Wed 09/06/2023	<input checked="" type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>
Thu 09/07/2023	<input checked="" type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>
Mon 09/11/2023	<input type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>
Tue 09/12/2023	<input type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>
Wed 09/20/2023	<input type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>
Thu 09/21/2023	<input type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>
Fri 09/29/2023	<input type="checkbox"/> Full Day	Starts	<input type="text" value="12:00 AM"/>	Ends	<input type="text" value="11:59 PM"/>

[Clear All](#)

[Save & Continue](#)

Click *Save & Continue* when you are finished.


Prior Time Taken Error Messages

If you request absence dates that you have previously requested, you will see a message at the top of the page. That message will tell you what dates you have previously requested time for. This includes dates that have been approved, denied, or are pending.

No matter how often you will be absent and at what frequency, we are checking those dates against previously requested time.

In order to proceed with your request, please update your absence dates to exclude previously requested time.


Add Time Away





Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

! You've already requested absence(s) on the following days: 08/09/2023, 08/17/2023
Please update the dates you have entered to exclude previously requested absences or contact Customer Service at 1-877-367-7781 for assistance.

First day of absence: 

Last day of absence: 

I am not sure about the last date of my absence 

How often will you be absent during this time?

Every day

The same days and times every week

Varying days and times


Step 2 – Work Schedule

Now it's time to update your typical work schedule. For every week you've requested an absence, you will see a work week that needs to be reviewed, updated, and confirmed.

The work schedule will be pre-populated with either:

- A work schedule you've provided in the past on other claims
- A work schedule provided by your employer, when applicable
- A default work schedule if nothing else is available

Add Time Away



Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule.

If you are unsure of your work schedule during your absence, it's okay to estimate. You should do one of the following:

- Enter your schedule from last week
- Enter your typical schedule
- Leave or modify the schedule that's provided below

If your schedule changes from what you entered, contact Customer Service at 1-877-367-7781, M-F 8AM to 8PM ET.

Week 1 (Oct 8 - Oct 14)

Please select or modify the days and hours you work each week.

Is your lunch/break time paid? Yes No

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	<input type="checkbox"/> Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

This schedule remains the same for all weeks of this absence. Done

Week 2 (Oct 15 - Oct 21) ▶

Week 3 (Oct 22 - Oct 28) ▶

Week 4 (Oct 29 - Nov 4) ▶

Back Save & Continue

You can update your work schedule by:

- clicking on days to add or remove them
- clicking on *yes* or *no* to indicate whether your lunch/break is paid or not

Please select or modify the days and hours you work each week.

Is your lunch/break time paid? Yes No

Sun Mon Tue Wed Thu Fri Sat

- clicking on the *day start* and *day end* times
- clicking on the *lunch/break start* and *lunch/break end* times when applicable
- clicking *Same for all days* if your schedule is the same for every week

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	<input type="checkbox"/> Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

This schedule remains the same for all weeks of this absence.

Done

Confirming your work schedule

Once you've reviewed and updated your work schedule (if applicable), click the Done button. The next work week will expand and you can update this work week separately.

Week 1 (Oct 8 - Oct 14) ✓

Week 2 (Oct 15 - Oct 21) ▼

Please select or modify the days and hours you work each week.

Sun
Mon
Tue
Wed
Thu
Fri
Sat

Is your lunch/break time paid?
 Yes No

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	<input type="checkbox"/> Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

This schedule remains the same for all weeks of this absence.

Done

Week 3 (Oct 22 - Oct 28) ▶

If your schedule is the same for all weeks of your absence, you can click that box to indicate as such. All work weeks will be confirmed as *done*.

Add Time Away



Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule.

If you are unsure of your work schedule during your absence, it's okay to estimate. You should do one of the following:

- Enter your schedule from last week
- Enter your typical schedule
- Leave or modify the schedule that's provided below

If your schedule changes from what you entered, contact Customer Service at 1-877-367-7781, M-F 8AM to 8PM ET.

Week 1 (Oct 8 - Oct 14)	✓
Week 2 (Oct 15 - Oct 21)	✓
Week 3 (Oct 22 - Oct 28)	✓
Week 4 (Oct 29 - Nov 4)	✓

Back

Save & Continue

Click on *Save & Continue* to proceed to the next screen.

Step 3 – View the Summary of Your Request

On this screen, you'll see a summary of your request. The calendar will show the dates you requested in blue along with green dots indicating your work schedule. There will also be a written summary of how often you'll be out.

You can change the month use the right and left arrows next to the Month. Below are various examples of the calendar view based on how often you will requested your absence for.

Absence every day over a period of time

Add Time Away

Here's a summary of the absence(s) you requested.
Save & Continue to finish submitting your claim.

< October 2023 >

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
	15	16	17	18	19	20
	21					
	22	23	24	25	26	27
	28					
	29	30	31	1	2	3
5	6	7	8	9	10	11

Requested absence days

You've requested:
every day (Full day)
from Oct 09, 2023 - Oct 31, 2023

● Scheduled Working Days

Absence same days and times

Add Time Away

Here's a summary of the absence(s) you requested.
Save & Continue to finish submitting your claim.

< September 2023 >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:
every Monday and Wednesday and Friday (Partial day -
1:00 PM - 5:00 PM)
from Sep 01, 2023 - Sep 30, 2023

● Scheduled Working Days

Absence across varying days and times

Here's a summary of the absence(s) you requested.
 Save & Continue to finish submitting your claim.

< **September 2023** >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28 ●	29 ●	30 ●	31 ●	1 ●	2
3	4 ●	5 ●	6 ●	7 ●	8 ●	9
10	11 ●	12 ●	13 ●	14 ●	15 ●	16
17	18 ●	19 ●	20 ●	21 ●	22 ●	23
24	25 ●	26 ●	27 ●	28 ●	29 ●	30
1	2	3	4	5	6	7

Requested absence days

You've requested:

- Fri - Sep 01, 2023 (Partial day - 1:00 PM - 5:00 PM)
- Wed - Sep 06, 2023 (Full day)
- Thu - Sep 07, 2023 (Full day)
- Mon - Sep 11, 2023 (Full day)
- Tue - Sep 12, 2023 (Partial day - 9:00 AM - 12:00 PM)
- Wed - Sep 20, 2023 (Full day)
- Thu - Sep 21, 2023 (Partial day - 12:00 PM - 4:00 PM)
- Mon - Sep 25, 2023 (Full day)

[VIEW MORE >](#)

● Scheduled Working Days

Requested absence days

If you have requested more than 10 absences, you can click on View More to see the rest of them listed out in text.

Here's a summary of the absence(s) you requested.
 Save & Continue to finish submitting your claim.

< **September 2023** >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28 ●	29 ●	30 ●	31 ●	1 ●	2
3	4 ●	5 ●	6 ●	7 ●	8 ●	9
10	11 ●	12 ●	13 ●	14 ●	15 ●	16
17	18 ●	19 ●	20 ●	21 ●	22 ●	23
24	25 ●	26 ●	27 ●	28 ●	29 ●	30
1	2	3	4	5	6	7

Requested absence days

You've requested:

- Tue - Sep 26, 2023 (Full day)
- Wed - Sep 27, 2023 (Full day)
- Thu - Sep 28, 2023 (Full day)
- Fri - Sep 29, 2023 (Partial day - 9:00 AM - 12:00 PM)

[< BACK](#)

● Scheduled Working Days

Step 4 – Preview and Confirm

On this page, review the information you provided. The work schedule that appears may be from prior claims. This will not impact your request to add time.

Add Time Away

Preview and Confirm

Absence		Work Schedule						
TimeAway		Week Date	Week	Day	Day Start	Meal Start	Meal End	Day End
	Jun 05, 2023 Starts at 12:00AM	Mar 01, 2020	1	Mon	09:00AM	01:00PM	02:00PM	06:00PM
	Jun 06, 2023 Full Day			Tue	09:00AM	01:00PM	02:00PM	06:00PM
	Jun 07, 2023 Full Day			Wed	09:00AM	01:00PM	02:00PM	06:00PM
	Jun 08, 2023 Ends at 11:59PM			Thu	09:00AM	01:00PM	02:00PM	06:00PM
				Fri	09:00AM	01:00PM	02:00PM	06:00PM
		Apr 10, 2022	1	Mon	08:00AM	-	-	04:30PM
				Tue	08:00AM	-	-	04:30PM
				Wed	08:00AM	-	-	04:30PM
				Thu	08:00AM	-	-	04:30PM
				Fri	08:00AM	-	-	04:30PM

Clicking on *Start Over* will re-open the *Add Time Away calendar* where you will have to redo your time away. Click on *OK* if you want to start over, or click on *Cancel* to get back to the prior screen.

Are you sure you want to start again?

Once you confirm the dates, click on *Submit*.

Add Time Away

Thanks for updating your claim.

Your newly requested absence day(s)/times have been successfully added to your existing claim. Prudential Claim #:13099752

View Absence Calendar

You can view your absence and their status on the Absence Calendar. You can access the calendar from two locations.

1. My Claims > Claim Status > View Absence Calendar
2. My Claims > Claim History > Absence Calendar icon

From Claim Status

▼ **Care of a Family Member - Spouse Claim #12225382** Submitted Jul 18, 20XX

📄 View Claim Documents

📁 Upload Claim Documents

Care of a Family Member - Spouse

✔

Submission

✔

Document Collection and Assessment

📍

Decision

You have returned to work.

Federal Leave Certification Period (as of Jun 11, 20XX 2:42 AM)

Mar 30, 20XX - Mar 29, 20XX

Federal Leave Pattern & Duration

Starting 03/30/20XX,
4 x per month for 8
hours ending
03/29/20XX

Time Used

16.00 Hours

[View Details](#)

Time Available

11.60 Weeks

[Add additional time to this claim](#)

Note: Access the Absence Calendar to view the status of your requested time away from work. [View Calendar](#)

Disability & Absence Claim History

Use arrow button (▶) to expand or close each section.

Absence Calendar

Employee's Own Health Condition Claim #: 13099752
Submission Date: Feb 06, 2023

Absence Coverages (may include paid leave) [🔗](#)

Other Information you can update:

[Add Additional Time to This Claim](#)

[E-Delivery Preference](#)

[Medical Authorization](#)

[Return to Work Date](#)

[Upload Documents to Claim](#)

▶ Absence Details
▶ Claim Documents
▶ Employee Absence Summary

The Legend will indicate the status of each time absence requested.

- Pending
- Approved
- Denied
- Not Taken

You can use the left and right-side arrows to move between months. Or, to go to the specific month you can change each month and year manually by clicking on each field. Then, click on *GO*.

Click on any day with an icon to learn more about it.

Legend

For additional information, click on any date with a symbol(s).

Pending ORANGE TRIANGLE ▲
Requested absence date which is awaiting processing and decision by Prudential

Approved GREEN CIRCLE ●
Requested absence date which was approved

Denied RED DIAMOND ◆
Requested absence date which was denied

Not Taken GREY STAR ★
Previously requested absence date which is no longer needed

< **March 2023** Mar ▾ 2023 ▾ GO >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	1	2	3	4
5	6	7	8	9	10 ◆	11
12	13 ◆	14 ◆	15 ◆	16 ◆	17 ◆	18
19	20 ◆	21 ◆	22 ◆	23 ◆	24 ◆	25
26	27 ▲	28 ▲	29 ▲	30 ▲	31 ▲	1

Close

What if I see multiple icons on one day?

If you see multiple icons on one day, click on the icons to see a pop-up explaining them.

<
January 2023
Jan 2023
GO

Sun	Mon	Tue	Wed	Thu	Fri
1	2 ◆ ▲	3 ◆	4 ▲	5 ◆	6 ▲
8	9 ◆ ▲	10 ◆ ▲	11 ◆ ▲	12 ◆ ▲	13 ◆ ▲
15	16 ◆ ▲	17 ◆ ▲	18 ◆ ▲	19 ◆ ▲	20 ◆ ▲

Legend

For additional information, click on any date with a symbol(s).

Pending ORANGE TRIANGLE ▲
Requested absence date which is awaiting processing and decision by Prudential

Approved GREEN CIRCLE ●
Requested absence date which was approved

Denied RED DIAMOND ◆
Requested absence date which was denied

Not Taken GREY STAR ★
Previously requested absence date which is no longer needed

Daily Absence Summary X

Date: 01/02/2023 **Current Work Schedule**
Time: 08:00 AM - 04:30 PM

Claim #: 13099740 **Claim Reason:** Bonding With Child

Relationship: Biological Child

Time Requested	Leave Type	Leave Name	Status	Reason/ Description	Paid Leave
9:00 AM - 6:00 PM	Federal	FED FMLA	Denied	Eligibility / Hours Worked	No
9:00 AM - 6:00 PM	Company	Paid Bonding Leave	Pending	Review / Late Notification	Yes

Tax Statements

When you click on *Tax Statements* from the *Claims and Absence* Navigation tab, you will have the ability to download and view your Tax Statements (when available). You can select the *Tax Year* from the drop-down menu and then click on the *Generate Tax Statement* button. If a statement is available, click on the form link to open the document in Adobe PDF format allowing you to save and print. If a statement is not available, the button will indicate the Statement for the year selected in Unavailable.

Request a Tax Statement:

My Benefits
My Claims
My Profile
X

My Claims

File a Claim / Report an Absence →

Claim Status →

Claim History →

Tax Statements →

Tax statements

You will need Adobe Acrobat Reader in order to open these Tax statements, if needed this software can be downloaded [here](#).

Select Tax Year

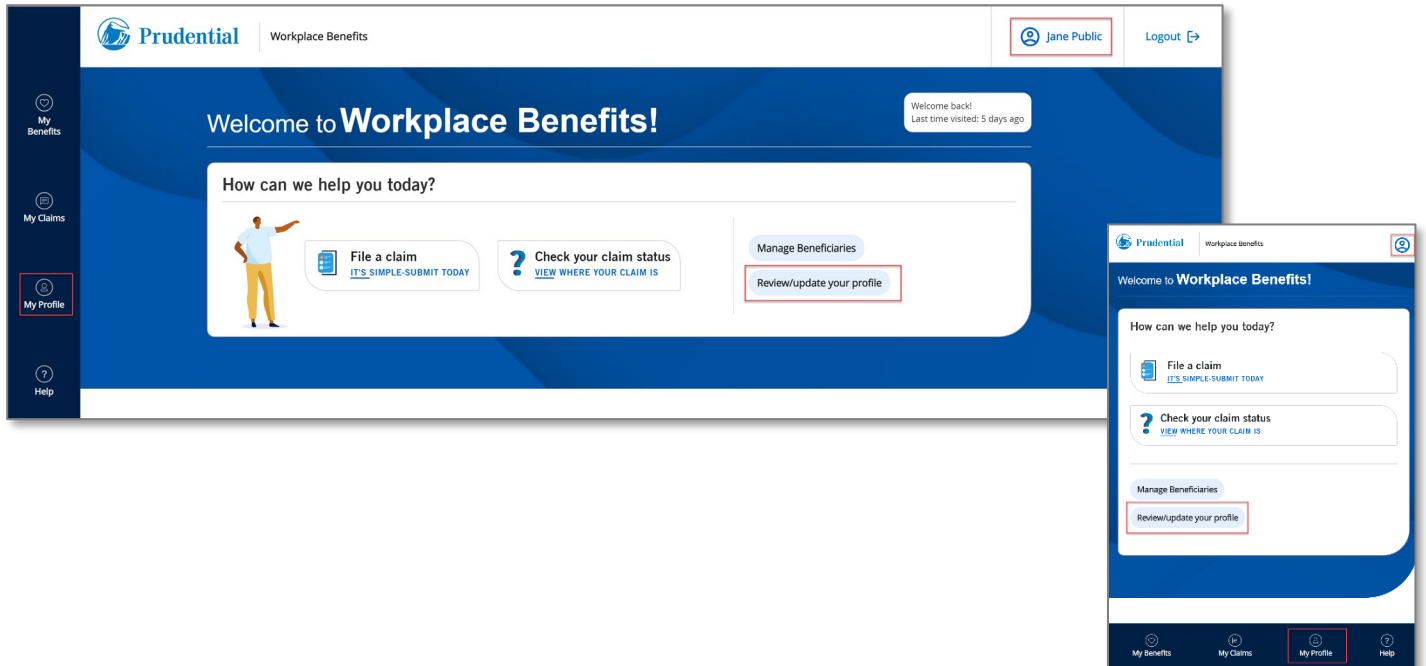
2017

Statement for 2017 is Unavailable

My Profile

You can update your profile by clicking 3 places on the website.

1. On a desktop/laptop, click your name in the header or on your mobile device, click the small icon in the upper right
2. Click on review/update your profile in the How can we help you today? section
3. Click on My Profile from the side navigation (desktop/laptop) or bottom (mobile) navigation



Profile

Keep your contact information up to date.

Keeping your contact information and permissions up to date is the best way to ensure accurate communications. Please review/update the information shown below.

Allowing us to contact you using email or text is the best way to ensure a prompt response. To take advantage of this feature, simply update your E-Delivery Consent

Save Changes

* Indicates required field

First Name*:

Middle Initial:

Last Name*:

Social Security Number: XXX-XX-8209

Gender*: Male Female

Date of Birth: 04-23-1998

Personal Email: Preferred Email

Work Email*: Preferred Email

Mobile Phone*:

Home Phone:

Work Phone:

Address:

<input type="text" value="Street (required)"/>	<input type="text" value="Unit / Apartment"/>	<input type="text" value="City (required)"/>
<input type="text" value="State (required)"/>	<input type="text" value="Please Select (required)"/>	<input type="text" value="Zipcode (required)"/>

E-Delivery Consent

You have the option to apply for coverage electronically and to receive certain communications from us relating to each group insurance contract you are covered by with Prudential via electronic delivery at the email address and mobile number you provided in your Profile.

Email: jane.public@email.com [Change](#)

Mobile Phone: [Add](#)

Preferred Communication Method:

If you would like to apply for coverage electronically and receive email or text communications about each of your group insurance coverages, please indicate your preferences below and include your email address and mobile number.

Email and text Email only No email or text

Two-way texting:

You may also have the option to send a text to Prudential, and may have the ability to include a photograph of documentation required in connection with your application for group insurance or in the administration of your group insurance coverage. If you choose to send texts to Prudential, any charges associated with your sending or receipt of text messages are your obligation and not reimbursable by Prudential.

CONSENT TO ELECTRONIC DELIVERY

Thank you for consenting to the use of electronic signatures and electronic delivery in connection with your application for insurance or the administration of each of your group insurance coverages. Please note that a separate consent may be required for other products you may have purchased from Prudential or its affiliates.

Print/Save

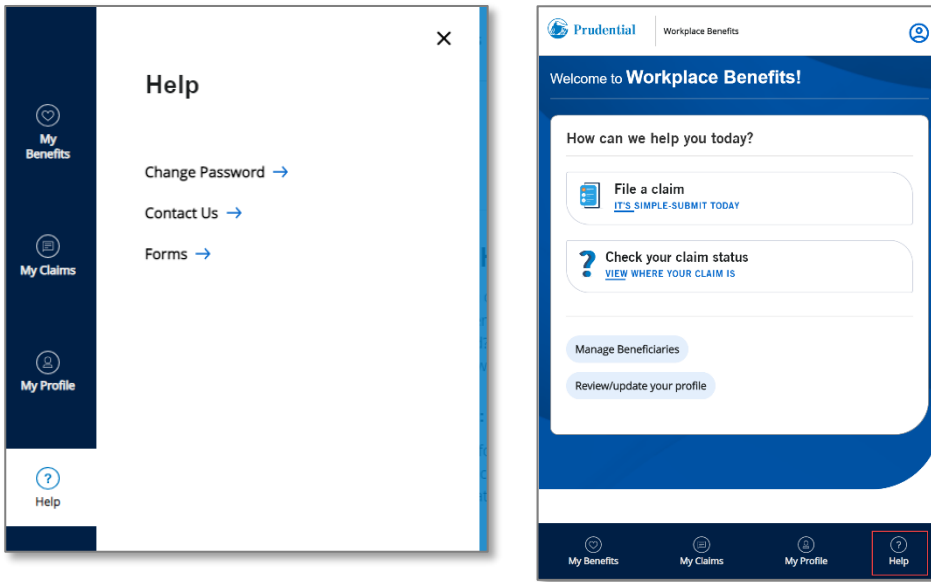
I understand that by clicking "I AGREE," I am signing this Consent electronically. My electronic signature is the legal equivalent of my handwritten signature and I will be legally bound by the terms and conditions of this Consent. I have read the terms and conditions of this Consent and agree to receive communications electronically at my email address set forth above.

I agree

Changes made to your personal information, through this web site, are used only for purposes of your Prudential Group Insurance coverage. To make Permanent changes, you must contact your Benefits Administrator or Human Resources Department.

Help

Change Password, Contact Us and Forms are all under Help.



Change Password

By clicking on *Help* and then *Change Password*, you can easily change your password.

The image shows a 'Change password' form. The title is 'Change password'. Below the title, it says 'To change your password, please provide the following information:'. There are four input fields: 'Current password *' with a 'Show' link, 'New password *' with a 'Show' link, 'Confirm new password *' with a 'Show' link, and 'The Name Of Your Favorite Pet *'. Below the pet name field, it says 'This field is case-sensitive.'. At the bottom left, there is a note '* denotes required fields'. At the bottom right, there are two buttons: 'Cancel' and 'Next >'.

Contact Us

During regular business hours, we can assist you with our website.

Contact Us (Before You Login):

If you have trouble registering or logging in, you can click on *Contact Us* on the Login Page and you will be provided with the information you need to contact us.

Contact Us ✕ close

Do you need to speak with someone for additional help? We are here to help you. Please call us:

Technical Support:
Number: 1-877-507-4778
Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

[Close](#)

Contact Us (While Logged In)

In certain instances, you may have questions or need assistance with functions in the web application. By clicking on *Help* and *Contact Us*, our contact information will be displayed.

Contact Us

- If your inquiry is related to a disability or absence claim, we have self-service options available on this website for you to make updates or check the status of your disability or absence claim, or to file a new claim. Select CLAIMS AND ABSENCE from the navigation bar to access an existing disability or absence claim or to file a new claim.
- If you are enrolled in our texting capabilities, you can respond to any text you've previously received from us about a disability or absence claim to provide an update for the claim.
- For Long term disability customers, a schedule of this year's Long Term Disability check dates can be accessed [here](#).
- Blank forms are available [here](#).

Do you need to speak with someone for additional help? We are here to help you. Please call the number from the list below that best relates to your inquiry.

Short Term Disability or Long Term Disability Claims Without FMLA
Number: 1-800-842-1718
Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

FMLA (Family Medical and Leave Act) or Short Term Disability With FMLA
Number: 1-877-367-7781
Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Supplemental Health Claims
Number: 1-844-455-1002
Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time


Group Life Insurance
Number: 1-800-778-3827
Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Technical Support:
Number: 1-877-507-4778 For Disability, select prompt 1. For Life, select prompt 2.
Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Forms

Click on *Forms* to see what is available to you based on what type of benefits and coverages that are available to you from your employer. To expand the section and see what's available, click on the header you want to expand. You can click on the word, Voluntary Claims in this example, or the arrow that's next to it.

Forms

You will need Adobe Acrobat Reader in order to open these forms, if needed this software can be downloaded [here](#). 

> Disability Claims

▼ Voluntary Claims

[Critical Illness Claim Form](#) 