Prudential

Group Disability Insurance

The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/mybenefits

Employer Statement

1 Employer Information

Employer's Name

Control Number (required)

Street

Suite

STD Branch (required)

City

State

ZIP Code

LTD Branch (required)

Employer's Telephone Number

Extension

E-mail Address

2 Employee Information

First Name

MI

Last Name

Address 1

Social Security Number

Address 2

Telephone Number

City

State

ZIP Code

Sex assigned at birth:

☐ Male ☐ Female

Please check the type of claim you are filing. Check all that apply:

☐ STD Core ☐ STD Supplemental _____

☐ LTD Core ☐ LTD Supplemental _____

☐ TDB (NJ) ☐ DBL (NY) ☐ VDI (CA)

Employment Status

☐ Salaried Employee

☐ Hourly Employee

☐ Other _____

Coverage Effective Date if applicable (date the employee became covered under group disability policy regardless of carrier).

STD:

LTD:

Employee Work State

Date Hired (MM DD YYYY)

Coverage Termination Date (MM DD YYYY)

Last Date Employer Paid Compensation* (MM DD YYYY)

Date First Absent (MM DD YYYY)

Date Last Worked (MM DD YYYY)

Date Work Was Resumed (MM DD YYYY)

Normal Earnings Prior to this Absence (exclude bonus, overtime, etc.)

$, , . **PER**

☐ Hour ☐ Week ☐ Bi-Weekly (every two weeks)

_____ # of hrs worked

☐ Month ☐ Year ☐ Other _____

If employee does not work Monday through Friday, check days worked:

☐ Varies ☐ Thursday

☐ Monday ☐ Friday

☐ Tuesday ☐ Saturday

☐ Wednesday ☐ Sunday

Year To Date Total Taxable Wages

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As of: (MM DD YYYY)

How was the **STD** premium paid for the plan year in which the disability occurred? _____% paid by employer

Was the premium amount paid by the employer included in the employee's W-2? ☐ Yes ☐ No

Has either percentage changed within the last 3 years? ☐ Yes ☐ No

How was the **LTD** premium paid for the plan year in which the disability occurred? _____% paid by employer

Was the premium amount paid by the employer included in the employee's W-2? ☐ Yes ☐ No

Has either percentage changed within the last 3 years? ☐ Yes ☐ No

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Employee's Social Security Number

3 Other Income, Deductions, and Workers' Compensation Information

Please indicate any applicable deductions such as Local Tax, State Income Tax, Medical, Dental, Life and/or 401(K), that should be withheld from the employee's benefits, if approved. Please also indicate if the employee is receiving, or is eligible to receive, benefits from any other sources because of this absence, such as Salary Continuance/Sick Pay, Workers' Compensation, Social Security Disability or Retirement Benefits, Statutory Benefits, Automobile Liability, Retirement or Pension Plan. **Please send copies of any letters or notices approving or denying benefits.** If the employee has filed for or is receiving Pension/Retirement benefits, Paid Family Leave, or Unemployment Benefits, please enter this information in the line marked "Other".
*If the Last Date Employer Paid Compensation is after the employee's last day worked, please enter the payment type and amount in the table below.

	Applied for Yes	Applied for No	Amount	Frequency	Date Benefit Begins	Date Benefit Ends
Salary Continuance/ Sick Pay	☐	☐	.	☐ Weekly ☐ Monthly		
State Disability Benefits	☐	☐	.	☐ Weekly ☐ Monthly		
Social Security	☐	☐	.	☐ Weekly ☐ Monthly		
Workers' Compensation	☐	☐	.	☐ Weekly ☐ Monthly		
Medical Deduction	☐	☐	.	☐ Weekly ☐ Monthly		
Dental Deduction	☐	☐	.	☐ Weekly ☐ Monthly		
Vision Deduction	☐	☐	.	☐ Weekly ☐ Monthly		
Life Deduction	☐	☐	.	☐ Weekly ☐ Monthly		
Other Income	☐	☐	.	☐ Weekly ☐ Monthly		

If you entered information in "Other", please specify what benefit this represents _____

Has the employee indicated that the absence is work related? ☐ Yes ☐ No Has a Workers' Compensation claim been filed? ☐ Yes ☐ No

4 Job Information

Occupation

DOT Job Code _____

What Job Category best describes the employee's essential job duties? (Please check the appropriate box)

☐ **Sedentary**	☐ **Light**	☐ **Medium**	☐ **Heavy**	☐ **Very Heavy**
Negligible weight, Mostly sitting	Up to 10 lbs. frequently, Up to 20 lbs. occasionally, and/or Frequent Walk/Stand, and/or Constant Push/Pull	Up to 25 lbs. frequently, Up to 50 lbs. occasionally	25 to 50 lbs. frequently, 50 to 100 lbs. occasionally	More than 50 lbs. frequently, 100 lbs. occasionally

☐ **Other** (Please describe)

As the employer, would you be able to accommodate modified duty to facilitate early return to work? ☐ Yes ☐ No

If Yes, please explain (reduced hours, job modification, etc.):

5 Life Insurance

Is employee covered under a Prudential Group Life Insurance Policy? ☐ Yes ☐ No

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Employee's Social Security Number

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Fraud Notice

FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I have read and understand the terms and requirements of the fraud warnings included as part of this form. I certify that the above statements are true.

Date (MM DD YYYY)

Employer Signature X

For residents of all states and jurisdictions except Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, the District of Columbia, Florida, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington and West Virginia; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he or she is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

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

ALASKA RESIDENTS – A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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, MASSACHUSETTS, RHODE ISLAND and WEST VIRGINIA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

COLORADO RESIDENTS – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE RESIDENTS – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

IDAHO RESIDENTS – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA RESIDENTS – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, and WASHINGTON RESIDENTS - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. 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.

MINNESOTA RESIDENTS – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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

OHIO RESIDENTS – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON RESIDENTS – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurance company, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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.