

# Supplemental Continuation Form



Name of Group Policy Holder: **Union Benefits Trust**

Group Policy Number: **LG-01049**

TO QUALIFY, YOU MUST BE ON AN APPROVED LEAVE (E.G. DISABILITY, LAYOFF OR LEAVE OF ABSENCE).

INDICATE:  I am on disability leave and may continue coverage for up to 24 months.

I am on other leave(s) or laid off and may continue coverage for up to 12 months.

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Member Name (Last, First, Middle Initial)

Social Security Number

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Home Address

City

State

Zip

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Date of Birth

Smoker (Yes or No)

Last Day Worked

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Spouse Name

Social Security Number

Date of Birth

Smoker (Yes or No)

Dependent Children Coverage  Yes  No

Total Check Due (Current Monthly Payroll Deduction X 3) \$ \_\_\_\_\_

I certify that I am not actively at work due to an approved leave. I want to continue the amount of supplemental life insurance currently in force. I understand that I must pay the required contributions for the insurance directly to Prudential. Enclosed is my check equal to three times my current monthly payroll deduction. If I return to work as an active eligible employee during the approved leave of absence, my coverage under this supplemental life insurance policy will be reinstated without any request to provide evidence of insurability.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: Please note! Once your initial payment is received, you will receive a bill on a quarterly basis. If premium is not received by Prudential within 31 days following the quarterly due date, coverage will automatically be terminated.

At the end of the continuation period you will be eligible to convert to a personal life insurance policy through Prudential or port your coverage. Dependents are only eligible to convert their coverage. The surviving spouse of an employee who dies while covered under the plan can maintain spouse coverage by paying 100% of the cost for the remainder of the period for which he or she is eligible.

Please complete this form within 31 days after coverage terminates and send along with your initial payment to:

**The Prudential Insurance Company of America**

P.O. Box 5072

Millville, NJ 08332-9931