The Prudential Insurance Company of America

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

GROUP ACCIDENT INSURANCE ENROLLMENT FORM

751 Broad Street, Newark, New Jersey 07102

Member's Last Name	First Name	MI	Name of Employer	Group Contract No.
			Union Benefits Trust	01049

Member's Address

Social Security number	Date of Birth	Date Employed		
– –	/ /	/ /	☐ Married ☐ Widowed ☐ Single ☐ Divorced	☐ Male ☐ Female

Adding Coverage:

Are you currently an active member? . . . . . . Yes No

Are you applying for dependent coverage? . . . Yes No

If yes, who is covered? Spouse, Child(ren), or Both

Are you adding any coverage or changing any of your existing coverage due to marriage, birth, adoption, employment status change, etc.? . . . . . ☐ Yes ☐ No

If Yes, indicate the date of change. / /

DEPENDENT COVERAGE SECTION (Please complete if enrolling in or cancelling dependent coverage)

Enroll/Cancel	First Name	MI	Last Name	Gender	Relationship	Social Security No.	Date of Birth

SELECTION OF COVERAGE SECTION

Member Only Member + Spouse Member + Child(ren) Member + Family

MY BENEFICIARY'S NAME (PLEASE PRINT) Example: Mary A. Doe, not Mrs. J. Doe

Primary Beneficiaries

First Name	MI	Last Name	Address

Relationship	DOB	SSN	Phone	%	Product

First Name	MI	Last Name	Address

Relationship	DOB	SSN	Phone	%	Product

Trust Estate Corporation

Entity Name	Tax ID #/ Tax Exempt #	Creation/Incorporation/ Formation Date	Street Address

City	State, ZIP Code	Phone	%	Product

Entity Name	Tax ID #/ Tax Exempt #	Creation/Incorporation/ Formation Date	Street Address

City	State, ZIP Code	Phone	%	Product

Member General Information

Last Name	First Name	Middle Initial	Last 4 digits of Social Security Number
			XXX-XX- _______________

MY BENEFICIARY'S NAME (continued)

Contingent Beneficiaries

First Name	MI	Last Name	Address

Relationship	DOB	SSN	Phone	%	Product

First Name	MI	Last Name	Address

Relationship	DOB	SSN	Phone	%	Product

Trust Estate Corporation

Entity Name	Tax ID #/ Tax Exempt #	Creation/Incorporation/ Formation Date	Street Address

City	State, ZIP Code	Phone	%	Product

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

IDAHO AND NEW HAMPSHIRE RESIDENTS—The accident policy provides limited benefits. Review your certificate carefully.

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

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

Member General Information

Last Name	First Name	Middle Initial	Last 4 digits of Social Security Number
			XXX-XX- _______________

MEMBER'S SIGNATURE

I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. To the best of my knowledge and belief I declare the information above is true and understand it is the basis for determining the monthly contribution for coverage.

I do not wish to enroll for the above coverage. To the best of my knowledge and belief I have been given the opportunity by my above named employer to enroll for coverage.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

The Group Certificate provides limited benefits. Review your certificate carefully.

Member Signature ____ Date Signed (Month/Day/Year) ________ / ________ / ________

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

Member General Information

Last Name	First Name	Middle Initial	Last 4 digits of Social Security Number
			XXX-XX- _______________

For residents of all states except Alabama, Arkansas, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, 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/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.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

MAINE and WASHINGTON RESIDENT—Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

MARYLAND RESIDENTS—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS—Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

PENNSYLVANIA and UTAH RESIDENTS—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS—Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS—Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS—Any person who, with 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.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Accident Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Prudential's Accident Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical and medical expenses and does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 83500

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