



Prudential

GROUP INSURANCE

REQUEST FOR GROUP INSURANCE

The Prudential Insurance Company of America

Please complete all sections of this form and return it to your Prudential Financial Representative (print clearly).

FOR PRUDENTIAL USE ONLY

Control Number: _____

Client Information

Legal Name:

Doing Business As (D.B.A.) Name:

Street Address of Business Location (Do not use P.O. Box Address):

City

State

ZIP Code

_____ - _____

Nature of Business

DUNS Code

-

-

SIC Code

Type of Organization (Select one):

☐ Corporation ☐ Proprietorship/Self-Employed ☐ Partnership ☐ Subchapter S ☐ Union ☐ Association ☐ Other _____

Requested Effective Date: (mm/dd/yyyy)

____/____/____

Amount of Payment Submitted (if any):

\$ _____

Erisa Statement

Is this Plan subject to ERISA? ☐ YES ☐ NO

Prudential will rely on this response in providing services under the Group Contract(s), if any, that is issued. If you are requesting coverage for more than one plan, please provide a separate response for each plan. Should your conclusion(s) concerning ERISA coverage change at any time, you must inform Prudential of the change as soon as administratively feasible. If you indicated YES, client hereby confirms that it is acting on behalf of an ERISA plan and 1) client is not affiliated with, or related to, the Producer of Record; 2) client is not affiliated with, or related to, Prudential; 3) client has been informed of the nature of the insurance and the premiums, charges, fees, discounts, penalties, and adjustments that may be imposed under the policy's terms; and 4) client will not receive, directly or indirectly, any commissions or other considerations from any party as a result of the sale of insurance to the Plan or the engagement of Prudential or the Producer of Record to provide services to the Plan.

Optional Work/Life Services Notification

If elected, the optional work/life services are provided by ComPsych, a third party vendor not affiliated with Prudential. ComPsych is solely liable for providing these goods and services, and their fees are separate and not part of the premium rate for the insurance coverage(s). Therefore, no commissions are payable for these services, and the fee is not subject to any rate guarantee. Prudential shall not be responsible for providing or failing to provide these optional work/life services. For a more in-depth description of these services, consult your Prudential Representative.

Notice Regarding Producer Compensation

This notice applies only if your producer is eligible to receive commission and/or supplemental compensation. Producers who place business with Prudential may be eligible to receive commissions and supplemental compensation unless you advise us otherwise. Commissions are payable as a percentage of paid premiums or a fixed dollar amount for as long as the producer is recognized as the Producer of Record on your policy. Under Prudential's Supplemental Commission Program (SCP), supplemental compensation ranges from 0% to 2% of group insurance premium. The actual percentage payable under Prudential's SCP is determined based on the aggregate annual premium due on eligible cases that your producer has in force with Prudential. The cost of supplemental compensation is not charged directly to policies. As a result, your rates are unaffected whether or not your producer receives supplemental compensation. You or your producer can elect to opt out of Prudential's SCP.

More information about eligibility criteria and payment calculation under Prudential's SCP can be found on Prudential's website at www.prudential.com/SCP. Questions regarding producer compensation can be e-mailed to GrpIns@prudential.com. Or, if you would like to speak to someone about producer compensation, contact your Prudential representative or call 888-778-6639.

Client Legal Name: _____

Disclosure of Compensation and Sold Coverage(s)

Indicate the number of Producers of Record for this client: _____. If there are multiple Producers of Record, complete a separate Disclosure of Compensation page for each.

Producer of Record (Entity): _____ % of commission split*

Producer of Record (Individual): _____ % of commission split*

*Always 100% when there is only 1 producer

Commissions and Selected Coverages

For each coverage sold, indicate the commission rate. (percentage of premium, graded scale, or no commission)			
Coverage(s)	Indicate One		
	Commission as % of Premium	Graded Scale Commission	No Commissions
Basic Term Life			
Optional Term Life			
Basic Dependent Term Life			
Optional Dependent Term Life			
Business Travel Accident			
AD&D			
Optional AD&D			
Group Universal Life			
Short Term Disability			
Long Term Disability			
Long Term Care			
Other			

Service Fees

For each type of service, indicate service fees to the Producer of Record. (These fees are independent of commission.)		
Service Type*	Payment Term	Payment Frequency
Communication		
Implementation		
Customer Service		
Premium Collection		
Record Keeping		
Enrollment		
Certificate Distribution		
Other—Describe below or attach additional sheets.		
*Please note, Prudential can provide the services listed above.		

Signatures

The terms and conditions for group insurance coverage are controlled by the Group Contract, if any, issued by The Prudential Insurance Company of America (Prudential). The check will be deposited and will be applied to the first month's premium due as of the effective date. If, after receiving this request, Prudential decides not to issue coverage, the initial premium payment will be returned. It is further understood that 1) this is not an application; 2) an application for each contract (policy) will be made at the time the contract is delivered; and 3) no agent has the power on behalf of Prudential to make or modify a request for insurance or to bind said Company by making any promise or representation or by giving or receiving any information, except that Prudential's Group Insurance Representatives may bind, in writing, coverage under group contracts on behalf of Prudential. The client and producer agree to the nature and scope of the service to be provided by the producer, if any, and the amount of compensation that Prudential will pay to the producer for these services as described above. This constitutes a separate agreement between the client and the producer as it relates to such services.

The client acknowledges receipt of the "Notice Regarding Producer Compensation" contained in this Request for Group Insurance and the proposal Prudential issued in connection with the coverages selected above. The client further acknowledges and agrees that the commission and service fees, if applicable, indicated above are being paid by Prudential to the Producer of Record named above in connection with the sale of group insurance products issued by Prudential.

If the client elects to opt out of Prudential's Supplemental Commission Program for this sale, check here: ☐

Authorized Client Signature

Date

Print Name and Title

The producer, based upon reasonable inquiry concerning the Proposed Group Contract Holder's insurance objectives, financial situation and needs, and other relevant information, has reasonable grounds to conclude that the proposed purchase is not unsuitable for the Proposed Group Contract Holder.

If the producer elects to opt out of Prudential's Supplemental Commission Program for this sale, check here: ☐

Signature of Producer of Record

Date

Print Name

City and State where Request for Group Insurance was signed.