



University of California
Notice of Group Life Conversion Privilege
The Prudential Insurance Company of America

Subject to the conversion privilege contained in the Group Contract issued by The Prudential Insurance Company of America and described in your booklet/certificate, you may convert your group life insurance amount (or amount of reduction) to an individual contract by applying for the conversion and paying the first premium within 31 days after coverage termination. Application for conversion may be made at any branch office of **Prudential** or you may mail this notice directly to Prudential, Group Conversions, PO Box 70180, Philadelphia, PA 19176, or fax it to 888-634-1118. You may visit us online at www.prudential.com/giconversions or call our toll-free number at 877-889-2070.

To be completed by Contract Holder:

Policy No./Control No.

97000

Name of Employee	Employee's Social Security #	Employee's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Employee's Annual Salary \$
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Address

City	State	ZIP Code
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<input type="checkbox"/> Date of termination of employment	<input type="checkbox"/> Date of termination of insurance if other than date of termination of employment	<input type="checkbox"/> Date of reduction of insurance (if applicable)
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If you are not subject to Title VII of the Civil Rights Act, please check off this box.

Amount of group life insurance (or amount of reduction) eligible for conversion:

Employee	Dependent Child	Spouse
Basic \$ _____	Social Security # _____ - _____	Social Security # _____ - _____
Optional \$ _____	Basic \$ _____	Basic \$ _____
Sr Mgmt \$ _____	Optional \$ _____	Optional \$ _____

To be Completed by Contract Holder

Please check applicable campus/laboratory location:

- | | | | | |
|---|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Los Angeles 04 | <input type="checkbox"/> Berkeley 01 | <input type="checkbox"/> Riverside 05 | <input type="checkbox"/> ASUCLA 14 | <input type="checkbox"/> Irvine 09 |
| <input type="checkbox"/> San Francisco 02 | <input type="checkbox"/> Hastings 12 | <input type="checkbox"/> Santa Barbara 08 | <input type="checkbox"/> Santa Cruz 07 | <input type="checkbox"/> Davis 03 |
| | <input type="checkbox"/> LBL 15 | | | <input type="checkbox"/> San Diego 06 |
| | | | | <input type="checkbox"/> Merced 23 |

Employer's Address

Area Code/Telephone No.

Signature of Authorized Employer Representative	Date
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X _____

Signature of Employee	Date Notice Received
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X _____

Employee Term Life and Dependents Term Life coverages are underwritten by the Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Contract Series: 83500. The Prudential Insurance Company of America is a Prudential company. California COA #1179 NAIC # 68241.