

## ENROLLMENT FORM

<b>Policyholder:</b>	<b>The Regents of the University of California</b>
<b>Master Policy:</b>	<b>97000</b>
<b>Issuing Company:</b>	<b>The Prudential Insurance Company of America</b>

Request is hereby made to The Prudential Insurance Company of America for Accidental Death and Dismemberment Insurance under the terms of the Master Policy identified above.

Full Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Social Security#: \_\_\_/\_\_\_/\_\_\_\_\_

Spouse Name (if covering): \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Social Security#: \_\_\_/\_\_\_/\_\_\_\_\_

**ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Campus or Lab: \_\_\_\_\_

Did you carry AD&D coverage as an Active Employee?  Yes  No

If yes in what amount? \$\_\_\_\_\_

**AMOUNT OF INSURANCE REQUESTED**

Principal Sum: \$\_\_\_\_\_ Annual Cost: \$\_\_\_\_\_

Type of Plan: Retired Employee  Retired Employee & Spouse/Domestic Partner

**BENEFICIARY INFORMATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Relationship to Primary Beneficiary:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Relationship to Primary Beneficiary:** \_\_\_\_\_

**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 disability income coverage.**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Upon return of your completed form to the below address, a premium notice will be mailed to you**

The Prudential Insurance Company of America  
Record Keeping Services  
PO Box 13676  
Philadelphia, PA 19176

**For residents of all states except Alabama, Arkansas, the 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 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 RESIDENTS** – 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 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 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.

**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.

**The Accidental Death and Dismemberment (AD&D) certificate provides limited benefits. Review your certificate carefully.**