



Preferential Beneficiary's Statement

Deceased's Information

Employer's Name																				Control Number			
First Name										MI	Last Name												
Social Security Number				Date of Birth (mm/dd/yyyy)				Date of Death (mm/dd/yyyy)															

What is a Preferential Beneficiary?

At the time of the deceased's passing, there was no living, named beneficiary for the Group Life Insurance coverage issued through The Prudential Insurance Company of America. Therefore, benefits are payable to the highest surviving class of heirs of the deceased insured based on the following order of preference:

1. Benefits are payable to the **spouse**, if living. To the extent permitted by the employer's plan or group contract, whichever is applicable, or applicable state law, **spouse** may include a **domestic or civil union partner**.
2. If no spouse was living at the time of the insured's passing, benefits are payable to all surviving **children** in equal shares. If there is only one surviving child, the entire benefit is payable to the surviving child. Legally adopted children are typically eligible to receive benefits; however, stepchildren are typically not eligible. Please refer to the plan documents for details.
3. If there is no surviving spouse or children, benefits are payable in equal shares to the insured's surviving **parents**. If only one parent is surviving, the entire benefit is payable to the surviving parent.
4. If there is no surviving spouse, children, or parents, benefits are payable to the insured's surviving **siblings** (brothers and/or sisters) in equal shares. If there is only one surviving sibling, the entire benefit is payable to the surviving sibling.
5. If there is no surviving spouse, children, parents, or siblings, the benefits will be payable to the **estate** of the insured.

The highest surviving class of heirs, in accordance with the above order of preference, must follow the below instructions to receive benefit proceeds that may be payable under the Group Life Insurance policy.

Instructions for completing the Preferential Beneficiary's Statement

Step 1: Complete and sign the attached **Preferential Beneficiary's Statement**. All persons in the highest surviving class of heirs must be listed on this statement. (Example: If there was no surviving spouse, but the insured was survived by three children, all three children must be listed on the attached statement.)

Step 2: Each person listed on the Preferential Beneficiary's Statement must also complete a **Group Life Insurance Claim Form**. This form can be obtained online at www.prudential.com/giemployeeforms. Each beneficiary is responsible for completing his/her own Group Life Insurance Claim Form and submitting it to Prudential.

Step 3: Once completed, the following documentation should be submitted directly to Prudential:

1. A completed and signed Preferential Beneficiary's Statement listing all heirs in the highest surviving class.
2. A completed and signed Group Life Insurance Claim Form for each heir in the highest surviving class.
3. A certified copy of the death certificate for the insured. (Prudential only needs to receive one copy. It is not necessary for each beneficiary to submit a copy.)
4. If the benefit is payable to the insured's estate, estate papers must be submitted including a certified copy of the court order appointing the legal representative.
5. If the heir in the highest surviving class is a minor, letters of guardian over the minor's estate must be submitted.

Step 4: Return all documents to Prudential at:

The Prudential Insurance Company of America
Beneficiary Services
P.O. Box 70182
Philadelphia, PA 19176





Please send the completed form and all attachments to:
The Prudential Insurance Company of America
Beneficiary Services
P.O. Box 70182
Philadelphia, PA 19176
Tel: 800-524-0542 Fax: 844-625-7807

Preferential Beneficiary's Statement

First Name												MI	Last Name											
Social Security Number			Control Number							Claim Number														

Please select one of the following.
The highest surviving class of heirs to which benefit proceeds should be payable in the absence of a designated beneficiary:

☐ Spouse* ☐ Child(ren) ☐ Parent(s) ☐ Sibling(s) ☐ Estate

*To the extent permitted by the employer's plan or group contract, whichever is applicable, or applicable state law, **spouse** may include a **domestic or civil union partner**.

Total number of claimants: _____

Please provide the following information for each member of the highest surviving class of heirs.

First Name												MI		Last Name											
Social Security Number/TIN				Relationship to Deceased				Telephone Number																	
Residence: Street												Apt.		Date of Birth (mm/dd/yyyy)											
City										State		ZIP Code													

First Name												MI		Last Name											
Social Security Number/TIN				Relationship to Deceased				Telephone Number																	
Residence: Street																		Apt.		Date of Birth (mm/dd/yyyy)					
City										State		ZIP Code													

First Name												MI		Last Name											
Social Security Number/TIN				Relationship to Deceased				Telephone Number																	
Residence: Street																Apt.		Date of Birth (mm/dd/yyyy)							
City												State		ZIP Code											

This form is supplied as a convenience to potential claimants. Prudential may require additional information from potential claimants in order to pay Death Benefits due under the Group Policy. By supplying this suggested form, Prudential does not offer any legal advice.



3 Claimant Information

If additional space is required, please continue on this page. Additional copies of this page can be made if necessary. Otherwise, please review and sign page 5.

Claimant 4

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/TIN	Relationship to Deceased	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence: Street	Apt.	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

Claimant 5

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/TIN	Relationship to Deceased	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence: Street	Apt.	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

Claimant 6

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/TIN	Relationship to Deceased	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence: Street	Apt.	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

Claimant 7

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/TIN	Relationship to Deceased	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence: Street	Apt.	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code



Claim Fraud Warnings

For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Texas, 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.

ARIZONA RESIDENTS—For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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.

CALIFORNIA AND TEXAS RESIDENTS—For your protection, California and Texas law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

KENTUCKY RESIDENTS—Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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 HAMPSHIRE RESIDENTS—Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY RESIDENTS—Any person who knowingly files a statement of claim containing any false or misleading information 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.



Claim Fraud Warnings

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.

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.

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

Sign Your Name

Date

Print Your Name

Print Your Address

