

The Rectors and Visitors of the University of Virginia

General Information (Employee)		Effective Date of Coverage (for office use only) ___/___/___	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Social Security No. ____ - ____ - ____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Date of Birth Month Day Year ____/____/____
Date Employed Month Day Year ____/____/____	Your Annual Earnings \$ _____		(For Prudential Use Only) Control # 44194

Basic Term Life

The Rectors and Visitors of the University of Virginia offers you Basic Term Life Insurance coverage at no cost to you. You will automatically be enrolled in the plan.

Optional Term Life

Coverage amount chosen: \$ _____ Payroll Deduction \$ _____
(Please Note: Available for \$25,000 on a pre-tax basis and then in increments of \$50,000 to a combined Basic Term Life and Optional Term Life maximum of \$500,000)

No coverage chosen.

Dependent Term Life

Spouse coverage cannot exceed 50% of your combined Basic Term Life and Optional Term Life coverage amount. Child(ren) coverage cannot exceed 50% of your combined Basic Term Life and Optional Term Life coverage amount. If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.

<p>Spouse <input type="checkbox"/> \$12,500 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000</p> <p>Payroll Deduction \$ _____</p> <p><input type="checkbox"/> No coverage chosen.</p>	<p>Children: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000</p> <p>Payroll Deduction \$ _____</p> <p><input type="checkbox"/> No coverage chosen.</p>
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The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

Group Life coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.



Enrollment Form

The Rectors and Visitors of the University of Virginia

Employee General Information			
Last Name	First Name	Middle Initial	Social Security No. ____ - ____ - ____
Acceptance or Waiver of Coverage			
<input type="checkbox"/> 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. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the semimonthly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.			
<input type="checkbox"/> I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.			
<p>FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA, 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.</p> <p>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 false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p>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.</p> <p>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.</p> <p>VIRGINIA RESIDENTS - 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 a statement of claim for payment of a loss or benefit may have violated state law, is 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.</p> <p>Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.</p> <p>VIRGINIA RESIDENTS: Will this proposed insurance replace an existing life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">REPLACING YOUR LIFE INSURANCE POLICY?</p> <p>Are you thinking about buying a new policy and discontinuing or changing an existing policy? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing policy and the proposed policy. Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.</p>			
Employee Signature _____		Date (Month, Day, Year) _____	

You must also complete a separate beneficiary designation form.

