

Mail the completed form to:

The Prudential Insurance Company of America
Group Medical Underwriting, P.O. Box 8796
Philadelphia, PA 19176

Or fax the completed form to: 877-605-6671

Employer/Association Name:

Group Contract No(s):

Short Form Health Statement Questionnaire

Employee/Member First Name

MI

Last Name

Employee/Member Social Security Number

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Applicant First Name

MI

Last Name

Street

Apt.

City

State

ZIP Code

-

Date of Birth

/ /

Social Security Number

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Sex

Male Female

Height

 ft. in.

Weight

 lbs.

Please answer these questions by checking "Yes" or "No."

- Yes No Do you **currently** have any disorder, condition (including pregnancy), disease, or defect or are you **currently** taking medication prescribed or provided by a medical or other practitioner for any disorder, condition (including pregnancy), disease, or defect other than a cold, cough, flu, or allergies?
- Yes No **During the last five years**, have you been in a hospital, sanitarium, or other institution for observation, rest, diagnosis, or treatment?
- Yes No **During the last five years**, have you had life, disability, or health insurance declined, postponed, changed, rated-up, cancelled, or withdrawn?
- Yes No **Within the last five years**, have you been diagnosed with, or treated by a member of the medical profession for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or have you been treated for or had any trouble with any of the following: heart, chest pain, high blood pressure, cancer or tumors, diabetes, lungs, kidneys, liver?

Prudential reserves the right to request additional health information on the basis of the responses given to the above questions.

IMPORTANT NOTICE:

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 subjects such person to criminal and civil penalties. In addition, any person who commits such a fraudulent act is subject to civil penalties, with such penalties not exceeding \$5,000 and the stated value of the claim for each such violation. This notice ONLY applies to disability income coverage.

I declare that, to the best of my knowledge and belief, the statements made in this application are complete and true. I agree that the coverage applied for is subject to the terms of the plan and shall become effective on the date or dates established by the plan, provided the evidence of good health is satisfactory.

Applicant's Signature (unless a minor)

Date

If applicant is a minor, Signature of Parent, Guardian,
or Person Liable for Support of Applicant

Relationship

Date

Group Life and Disability Income Medical Underwriting NOTICE

Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice is being provided to inform you of certain practices Prudential engages in, and your rights, with regard to your personal information. We would like you to know that:

- Personal information may be collected from persons other than yourself or other individuals, if applicable, proposed for coverage;
- This personal information as well as other personal or privileged information subsequently collected by us may in certain circumstances be disclosed to third parties without authorization;
- You have a right of access and correction with respect to personal information we collect about you; and
- Upon request from you, we will provide you with a more detailed notice of our information practices and your rights with respect to such information. Should you wish to receive this notice, please contact:

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Group Medical Underwriting
P.O. Box 8796
Philadelphia, PA 19176

Any information we obtain regarding a person's insurability will be treated as confidential. We may, however, make a brief report of it to the Medical Information Bureau (the Bureau), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. When you apply for life, disability, or health insurance to any company, including Prudential, which is a member of the Bureau, or submit a claim for benefits to such a company, the Bureau will, on request, give the company the information in its files. In addition, upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If the information came from the Bureau and you question the accuracy of the information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112, (617) 426-3660.

Please keep this notice for your records.