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	1



I. Login

mybenefits.prudential.com

🕼 Prudential	Workplace Benefits	? Contact Us
First-time user?	Register Now	
Log In		
Username		
Password		
A (Log In	
Forgot username? Forgo	ot password?	36 -5

First Time User

Click on Register Now and follow the prompts to create your account.

You may register using the Control Number or Company Name (Refer to Welcome Letter for details)

- Control Number
- Company Name

You will receive two emails from Prudential; one with your username and temporary password and second will have a verification code to complete your registration.



This email is being sent to confirm that you have successfully registered for your Prudential Group Insurance Workplace Benefits account.

Your user information is:

Username (case-sensitive): randerson1

Control Number/Access Code: 30000

To log in, please go to: https://mybenefits.prudential.com.

To access your account, you will be required to enter your username and password. Remember, your username is case-sensitive.

Should you ever forget your password, the login page of the website contains an automatic password reset capability. To reset your password online, simply click the "Forgot password?" link and follow the instructions.

We want to provide you with the best possible experience. If you have questions, please call Customer Service at 877-697-7888 Mon-Fri 8:00 am - 8:00 pm Eastern

To protect your privacy, please do not include sensitive information (e.g. social security number, health information) in any email sent to Prudential.

Thank you, Prudential Group Insurance



Hello,

Your Verification Code is

36351639

This code will expire in 10 minutes

Thank you, Prudential Group Insurance

Existing User

Enter your username and password and click "Log In". If you forgot your username or password, please click on the "forgot username?" or "forgot password?" link provided on the login screen.

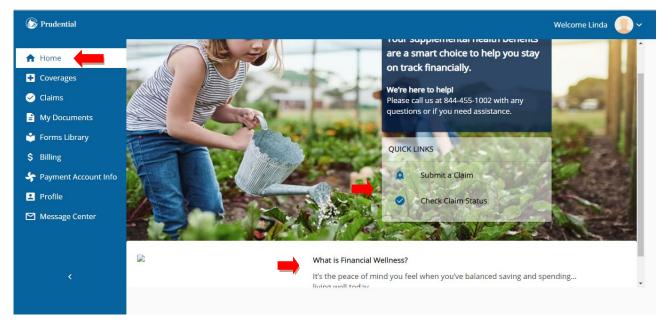
Prudential Home Page

Once you're logged in, you will be directed to the Prudential Home Page. Click on the "**Claims and Absence**" link and then click on "**Voluntary Coverage**" to take you to the Voluntary Benefits home page.

CLAIMS AND BSENCE GROUP UNVERSAL LIFE PROOF OF GOOD HEALTH A Hi, Chandra File a Claim / Report an Absence Claims Status Claims Hi Voluntary Coverage Tax Statements FUE could to the origination of the services surrounding them quickly. Voluntary coverages to them. This secure site will let you manage and learn about your coverages and the services surrounding them quickly.		Change Password Contact Us Forms	Change Pass				
Your employee benefits are very important to you, and Prudential wants you to have easy access to them. This secure site will let you manage and learn about your coverages and the services surrounding them quickly.	🔒 Logout	🔺 Hi, Chandra 👻 🔒 Logout	📥 Hi, C				🕞 Prudentia
Your employee benefits are very important to you, and Prudential wants you to have easy access to them. This secure site will let you manage and learn about your coverages and the services surrounding them quickly.			Tax Statements	Voluntary Coverage	Claims Hi	e Claims Status	ile a Claim / Report an Absence
W COAID-19	more	t you manage and learn more	them. This secure site will let you man	is you to have easy access to			bout your coverages and the s
We're here for you. Affected by COVID-19? If you need to file a COVID-19 related disability claim online, please click here . You can also check the status of your submitted claim here .			im online, please click here.	OVID-19 related disability cla			



II. Home Page



Features on the Home Page

- Menu items are available on the left-hand side of the page.
- Quick links are available that will take you directly to the claims page.
 - o By clicking "Submit a Claim" you will launch the digital claims experience.
 - $\circ~$ By clicking "Check Claim Status" you can check on the status of your claim.
- The articles section along the bottom will show you educational material from Prudential.



III. Coverage Page

View your current coverage

🕼 Prudential							Welcome Frank 🜔 🗸
↑ Home	COVERAGES					:	९ ऱ ऱ ⊘
 Coverages Claims My Documents Forms Library 	Certificate Number 99691 Coverage End Date	Effective Date 10/01/2020 Tier Employee & Spouse	Product Voluntary Hospital Indemnity	_{Plan} Hospital Indemnity	_{Status} Active		Payroll Deduction Amount \$8.00
 Billing Payment Account Info Profile Note the second seco	Certificate Number 99690 Coverage End Date	Effective Date 10/01/2020 Tier Employee	Product Critical Illness	Plan Critical Illness	Status Active		Payroll Deduction Amount \$7.34
Message Center	Certificate Number 99689 Coverage End Date	Effective Date 10/01/2020 Tier Employee & Child(ren)	Product Accidental Treatment Based	Plan Accident	Status Active		Payroll Deduction Amount \$18.00
	PI AN INFO						

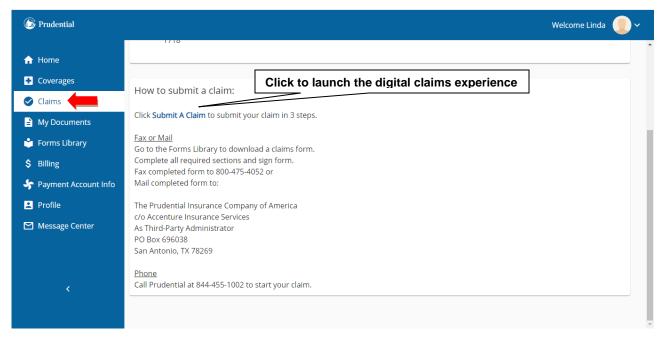
View Employee Coverage Details

Coverages / Cov	verage Info					
COVERAGE DET	AILS			COVERED PERSONS		
Voluntary Hospi _{Plan} HIP Medium - Group Tier 4 Uni-Smoker	t al Indemnity ^{Tier} Employee & Child(ren)	_{Event} Birth/Adoption - QLE	Certificate Number 63645	Relationship Anderson, Rachel Member	Date of Birth 6/3/1990	Social Security Number XXX-XX-6531
Status Active	Effective Date 2/1/2020	Payroll Deduction Amount \$16.29	Billing Frequency Monthly			



IV. Claims Page

Submit a claim instruction, submit a claim, view claim status and details, cancel claim, submit appeal.



Please Note:

- Once your claim is processed you will be able to view the status and details.
- You can cancel a claim with a "submitted" or "pending" status.
- You can appeal a claim with a "paid" or "denied" status.



Submit Claim

Click Submit Claim to launch the digital claim experience.

🕼 Prudential					٧	Welcome Linda 🔵 🗸
☆ Home	CLAIMS				SUBMIT A CLAIM	Q ,
• Coverages	Claim Number	Product	Total Final Paid Amount	Date Received	Group Name	
📀 Claims	1762	Accidental Treatment Based	\$0.00	10/29/2020	ABC COMPANY	SUBMITTED
🖹 My Documents						
🗳 Forms Library	Claim Number	Product	Total Final Paid Amount	Date Received	Group Name	
\$ Billing	1718	Critical Illness	\$0.00	10/29/2020	ABC COMPANY	SUBMITTED
Payment Account Info						
👱 Profile	How to submit	a claim:				
🗹 Message Center						
۲	<u>Fax or Mail</u> Go to the Forms Li Complete all requi Fax completed for Mail completed for	m to submit your claim i brary to download a clai red sections and sign for n to 800-475-4052 or m to:	ms form. rm.			

Select the "Product" where the "Benefit" is being claimed.

Prudential			Welcome Sam 🌒 🗸
🔒 Home	SUBMIT A CLAIN	Л	
Coverages	No data fou 3 Steps To Sub	mit Your Claim	•
Claims My Documents Forms Library Billing	Click Subm	ITAL INDEMNITY	
Payment Account Info Profile Message Center	Complete a Hospita	ABC COMPANY ABC COMPANY Critical Illness: Employ	/ee
¢	As Third-Pa PO Box 69 San Antoni CANCEL Call Prudential at 844-455-1002 t	ACCIDENT	NEXT



Select "who" the claim is for (Name, birthdate and relationship on the product will populate) and click "Next".

🔊 Prudential									Welcome S	iam 🌔 🗸
痡 Home	CLAIMS	SUBMI	Γ Α CLAIM				×	SUBMIT A CLAIM	Q =	
E Coverages	No data fou				ACCIDENT			^		
🕑 Claims				• Acci	COMPANY ident: Employee &					
My Documents	How to s			Chil	d(ren)					
📦 Forms Library	Click Subm									
\$ Billing	Fax or Mail	Please s	elect who the clair	m is for	r.					
Service Account Info	Go to the F Complete a	۲	Name		DOB	Relationship				
Profile	Fax comple Mail compl	U	Smith, Sam		12/11/1970	Member				
Message Center	The Pruder c/o Accento As Third-Pa PO Box 696	0	_{Name} Anderson, Shane	2	DOB 10/31/1985	Relationship Domestic Partner				
<	San Antoni							-		
	<u>Phone</u> Call Pruder	CANCEL	455-1002 to start y	your cli	aim.		NEXT			
										•

Note: If the dependent's name is not listed, click "Add a New Dependent" then enter the Name, birthdate and relationship.

e Prudential			Welcome Rebecca English Welcome Rebecca
📌 Home	Claims	SUBMIT A CLAIM ×	
 Coverages Claims 	All Draft Claims Submitte	Select Product And Claim Details Physician Info Document Upload Disclosure Review And Claimaint Confirm	
My Documents	Morris, Rebecca 0	Please select the coverage you wish to file a claim for.	
 Forms Library Billing 	LUSTER, EMMA	ACCIDENT • RelaDyne	
Payment Account I	• 8976 0	ACC-TB High - Group (Composite Rate) A: Family	
Profile Message Center	Morris, Rebecca	Please select the claimant.	
New Tab	0	O Name DOB Role Insured Insured	
	Morris, Rebecca 0	O Name D08 Role Insured Insured	
		O Luster, Emma Middle 02/12/2008 Child Insured	
	Morris, Rebecca 0	O Kabinoff, Yolanda Middle 08/22/1978 Spouse Insured	
		Add a new dependent +	
		Concel Next	

- Employee (EE) coverage- Cannot add Spouse or Child/Children.
- EE+Spouse Can add Spouse's name and DOB if there is none already listed. Cannot add Children.
- EE+ Children- Can add Children even if there are children are already named. Cannot add Spouse.
- EE+Family Can add SP's name and DOB if there is none already listed and CH/Children.



Provide information about the claim.

🚳 Prudential							nda 🌘)~
🔒 Home	CLAIMS	SUBMIT A CLAIM		×	SUBMIT A CLAIM	Q =		Î
Coverages	No data fou	1 2 _	3					
Claims	How to s	Claim Details Physician Informatic	on Documentation					
📫 Forms Library	Click Subm	Provide us with brief information about your claim	i.					
\$ Billing Payment Account Info	<u>Fax or Mai</u> Go to the F	Do you want to submit a Wellness benefit claim on	y? *	•				
Profile	Complete Fax comple Mail comp	Do you want to receive your payment by direct dep	osit?*	*				
Message Center	The Prudei c/o Accent As Third-P, PO Box 69 San Antoni <u>Phone</u> Call Prudei	CANCEL Ittal at 844-455-1002 to start your claim.	ВАСК	NEXT				

If Wellness Benefit only is being claimed, select "yes" from the dropdown, then select the "test or service" that was performed. Otherwise select "no" from the dropdown, then select the "benefit" you are claiming.

6 Prudential				Welcome Linda 🌒 🗸
🔒 Home	CLAIMS	SUBMIT A CLAIM	×	SUBMITA CLAIM Q 😇 📻
Coverages	No data fou	1 3 3		
🕑 Claims				
B My Documents	How to s	Claim Details Physician Information Documentation		
📫 Forms Library	Click Subm	Provide us with brief information about your claim.		
	<u>Fax or Mail</u>	Do you want to submit a Wellness benefit claim only? *		
😽 Payment Account Info	Go to the F Complete a	Yes	*	
😫 Profile	Fax comple Mail comple	Select the test or service * Lipid Panel	*	
Message Center	The Pruder	Do you want to receive your payment by direct deposit? *		
	c/o Accento As Third-Pa PO Box 690 San Antoni			
	<u>Phone</u> Call Pruder	CANCEL BACK tial at 844-455-1002 to start your claim.	NEXT	

Select "yes" to receive any approved payment by direct deposit and provide "Bank Details":

- Account Type: Checking or Savings
- Bank Transit Routing Number (9 digits)
- Bank Account Number



• Branch Telephone Number

Review disclosure. Click "Next". Note: Bank details apply only to claim payments.

🚳 Prudential							•
A Home	CLAIMS	SUBMIT A CLAIM Yes	×	SUBMIT A CLAIM	Q	Ŧ :	-
E Coverages	No data fou						
🕑 Claims		Checking					
🖹 My Documents	How to s	Savings					
📫 Forms Library	Click Subm	Bank Transit Routing Number (9 digits): *	-				
	Fax or Mai		-				
Sayment Account Info	Go to the F Complete	Bank Account Number: *					
Profile	Fax comple Mail comp	Branch Telephone Number: *					
Message Center	The Pruder c/o Accent As Third-Pa	By clicking next I authorize The Prudential Insurance Company of America (Prudential) to make electronic funds deposits of my Wellness benefit payments (claim payments) into the					
	PO Box 69 San Antoni			•			
,	Phone Call Pruder	CANCEL BACK BACK	NEXT				

Select "no" to receive any approved payment by check. Click "Next".

Provide the "Name of Physician or Facility" that provided the test/service and the "Phone Number".

Provide the date the test/service was performed. Additional physician and facility details are optional. Add any additional physicians/facilities that provided treatment.

S Prudential						Welcome Linda 💭 🗸
🔒 Home	CLAIMS	SUBMIT A CLAIM		>	SUBMIT A CLAIM	^
Coverages Claims	No data fou	⊘ —	- 2	3		
🖹 My Documents	How to s	Claim Details Phy	ysician Information	Documentation		
📫 Forms Library	Click Subm	Enter the treating physician inform physician if you have one.	nation and/or facility. Inc	lude a primary care		
\$ Billing	Fax or Mail	, ,		- REMOVE		
😽 Payment Account Info	Go to the F Complete a	Physician Type Treating Physician		-		
Profile	Fax comple Mail compl					
Message Center	The Pruder	Physician First Name *	Physician Last N Phone Number*	lame *		
	c/o Accenti As Third-Pa	Email	()			
	PO Box 690 San Antoni	Date Treated *			-	
×	Phone	CANCEL		BACK		
	Call Pruder	itial at 844-455-1002 to start your clair	m.			

Click "Next".

Click the arrow to access each section. NOTE: Green checkmark will appear after each section when accepted and member cannot click **Next** until all 4 sections are complete.



🚳 Prudential						•
🔒 Home	CLAIMS	SUBMIT A CLAIM	×	SUBMIT A CLAIN	Ŧ	F
Coverages	No data fou					
Claims	How to s	Claim Details Physician Information Documentation				
📦 Forms Library	Click Subm	Click on each disclosure statement to complete the agreement				
 Billing Payment Account Info Profile Message Center 	Fax or Mail Go to the F Complete a Fax comple Mail compl The Pruder c/o Accentu As Third-Pa PO Box 696 San Antoni	CLAIMANT CERTIFICATION/ FRAUD WARNING AUTHORIZATION TO RELEASE/ OBTAIN INFORMATION TAXPAYER IDENTIFICATION NUMBER CERTIFICATION STATE DISCLOSURE CANCEL BACK	↓ </th <th></th> <th></th> <th></th>			
	<u>Phone</u> Call Pruder	tial at 844-455-1002 to start your claim.	NEAT			

Read the "claimant certification and fraud warning"; Type "Member" first and last name (date is prepopulated with today's date), click "Accept".

🔊 Prudential				V	Velcome Li	nda 🌔 🗸	
A Home	CLAIMS	Claim Details Physician miormation Documentation	×	SUBMIT A CLAIM	Q .		
Coverages	No data fou	Click on each disclosure statement to complete the agreement					
My Documents	How to s	O CLAIMANT CERTIFICATION/ FRAUD WARNING	.				
Forms Library	Click Subm	I hereby certify that the answers I have provided to the foregoing questions are both complete and true to the best of my knowledge and belief.					
\$ Billing Payment Account Info	Fax or Mail Go to the F Complete a	FLORIDA RESIDENTS — Any person knowingly and with intent to injure, defraud, or	ļ				
Profile	Fax complete a Mail comple	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. NEW YORK RESIDENTS — Any person who knowingly and with intent to defraud any					
Message Center	The Pruder c/o Accenti As Third-Pa PO Box 696 San Antoni	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					
	<u>Phone</u> Call Pruden	CANCEL BACK R	IEXT				-



Read the "Authorization to release/obtain information";

🛞 Prudential					v	/elcome	Linda	•
🔒 Home	CLAIMS	SUBMIT A CLAIM	×	SUBMIT /		Q	÷	F
• Coverages	No data fou	I authorize The Prudential Insurance Company of America (Prudential) or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic		^				
Claims		medically related facility, insurance company, the Medical Information Bureau, Inc (MIB), or consumer reporting agency to release to Prudential any information regarding						
🖹 My Documents	How to s	me or my past or present health for the purpose of evaluating my claim for insurance benefits. I also authorize Prudential or its reinsurers to disclose all such information to	,					
🗳 Forms Library	Click Subm	any doctor, the Medical Information Bureau, Inc., or any other insurance company in order to evaluate a claim.						
	Fax or Mail	I authorize any health plan, physician, health care professional, hospital, clinic laboratory, pharmacy, medical facility, or other health care provider that has provided	I					
👆 Payment Account Info	Go to the F Complete a	treatment, payment, or services pertaining to the claimant or on my (his/her) behalf ("M) Providers") to disclose my (his/her) entire medical record for me or my dependents and any other health information concerning me (him/her) to The Prudential Insurance	1					
Profile	Fax comple Mail compl	Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus						
Message Center	The Pruder c/o Accenti	(HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco but excludes psychotherapy notes.						
	As Third-Pa PO Box 696 San Antoni	I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data, or records relating to credit financial extrainer, travel activities or productment history to Paulostial		-				
	<u>Phone</u> Call Pruden	CANCEL BACK TALL CANCEL BACK TALL BA	IEXT					

Type "Claimant (who is the claim for) Date of Birth and "Claimant" first and last name (date is prepopulated with today's date), click "Accept".

S Prudential		Welcome Sam 🛛 💭 🗸
f Home	CLAIMS or nealth Information.	SUBMITA CLAIM Q = =
Coverages	No data fou I understand that if I refuse to sign this Authorization to release my complete m record, Prudential may not be able to process my claim for benefits and may not be to make any benefit payments. I understand that I have the right to request and re	medical be able
Claims My Documents	a copy of this Authorization.	Teceive
🗳 Forms Library	Claimant's Date of Birch * Click Subm 12/11/1970	
\$ Billing	Eax or Mail Claimant's Signature * Go to the F Sam Smith	
 Payment Account Info Profile 	Complete a Date Signed: * Fax comple 10/27/2020 Mail compl	
Message Center	The Pruder	
u.	C/O Accept As Third-Pa PO Box 690 San Anton	~ .
K.	Phone CANCEL BACK Call Prudential at 844-455-1002 to start your claim.	< NEXT

Read the "Taxpayer Identification Certification" Indicate if you are a US person, if not a US person provide what country you are a citizen of. The SSN of the member is pre-populated. Indicate if you have been notified by the IRS if you are subject to back up withholdings. Indicate if you are subject to FACTA reporting. Type "Member" first and last name (date is prepopulated with today's date).



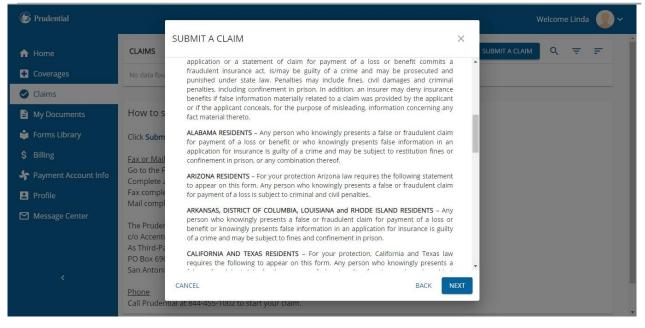
🕼 Prudential						• ·
A Home	CLAIMS	SUBMIT A CLAIM Claim Details Physician Information Documen	Lauon	SUBMIT A CLAIM	Q , ;;	-
Coverages	No data fou	Click on each disclosure statement to complete the agreement				
My Documents	How to s	CLAIMANT CERTIFICATION/ FRAUD WARNING	~			
📦 Forms Library	Click Subm	O AUTHORIZATION TO RELEASE/ OBTAIN INFORMATION	~			
	Fax or Mail	O TAXPAYER IDENTIFICATION NUMBER CERTIFICATION	^			
🐓 Payment Account Info	Go to the F Complete a	Under penalties of perjury, I certify that the number shown on this form	is my correct			
Profile	Fax comple Mail compl	Tax Identification Number (Social Security Number). I am not subje withholding because (a) I have not been notified by the Internal Revenue	ct to backup			
Message Center	The Pruder c/o Accentu As Third-Pa PO Box 690	that I am subject to backup withholding, (b) the IRS has told me that I a subject to a backup withholding order or (c) I am exempt from backup with not subject to FATCA reporting.				
	San Antoni	Lam a U.S. person (including a resident alien): *	•	-		
	Phone Call Pruder	CANCEL itial at 844-455-1002 to start your claim.	BACK NEXT			

🛞 Prudential						We	lcome San	n 🌔	~
🔒 Home	CLAIMS	SUBMIT A CLAIM		×	SUBMIT A CL	AIM	Q =	F	Â
Coverages	No data fou	830-40-4804							
🕑 Claims		I have been notified by the Internal Revenue Service that I am subject to backup withholding due to under- reporting of interest or dividends. *							
My Documents	How to s	No	•						
📦 Forms Library	Click Subm	I am subject to FATCA reporting. * No	•						
\$ Billing	Fax or Mail	Member Signature: *							
👆 Payment Account Info	Go to the F Complete a	Sam Smith							
Profile	Fax comple Mail comple	Date Signed: 10/27/2020	ā						
Message Center	The Pruder								
	c/o Accenti As Third-Pa	ACCEPT							
	PO Box 696 San Antoni	O STATE DISCLOSURE	~		•				
<	<u>Phone</u>	CANCEL BAC	K N	IEXT					
	Call Pruden	tial at 844-455-1002 to start your claim.							

Click "Accept"

Read the applicable "State Disclosure".





Click "Accept".

🌀 Prudential				Welcome Linda 🛛 🔍 🗸
🔒 Home	CLAIMS	SUBMIT A CLAIM	×	SUBMIT A CLAIM Q 😓 🚍
Coverages	No data fou	Ø —— Ø —— 3		
Claims My Documents	How to s	Claim Details Physician Information Documentation	1	
🗳 Forms Library	Click Subm	Click on each disclosure statement to complete the agreement		
\$ Billing Payment Account Info Profile	Fax or Mail Go to the F Complete a Fax comple	 CLAIMANT CERTIFICATION/ FRAUD WARNING AUTHORIZATION TO RELEASE/ OBTAIN INFORMATION 	~	
- Message Center	Mail compl The Pruder c/o Accentu As Third-Pa PO Box 690	TAXPAYER IDENTIFICATION NUMBER CERTIFICATION STATE DISCLOSURE	~	
×	San Antoni <u>Phone</u> Call Pruder	CANCEL BACK tial at 844-455-1002 to start your claim.	NEXT	

Click "Next" once all 4 circles have a green checkmark.

Review all information that has been input. If any corrections are needed, click "edit" next to the

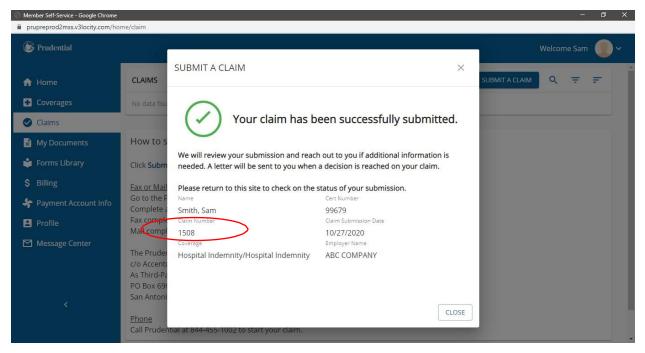


section that needs to be updated. Make the correction and select "Next" Note: user will have to click next through any screens that follow the screen where the edit was made. The disclosures will not have to be reviewed again unless the change is made on the disclosure section.

🌀 Prudential							Welcome Sam 🌘	
🔒 Home	CLAIMS	SUBMIT A CLAIM			×	SUBMIT A CLAIM	Q ╤ ╤	Î
Coverages	No data fou		- 🙆					
Claims		Claim Details Ph	vysician Information	Documentation	1			
🗎 My Documents	How to s							
🗳 Forms Library	Click Subm	Review your information						
\$ Billing	Fax or Mail	To edit your information, click ED	NT next to the section y	ou would like to				
🗣 Payment Account Info	Go to the P Complete a	update. Claim and Policy Information			[FDIT]			
Profile	Fax comple Mail compl	Claimant Name	Cert Number		EDIT			
Message Center		Smith, Sam	99679					
	The Pruder	Insured Date of Birth	Claim Submission Date					
	As Third-Pa	12/11/1970	10/27/2020					
	PO Box 690 San Antoni	Insured Address	Coverage Hospital Indomnit	ty/Hocnital				
×	<u>Phone</u>	CANCEL		BACK	CONFIRM			
	Can Pruder	itial at 844-455-1002 to start your clai	m.					

Click "Confirm".

Claim number is assigned.



Click "Close". Note: The digital experience will exit & return the user to the Claim Dashboard.



View Claim Status & Details

Click on Claims to view claims status and click on the arrow to view claim details.

🕼 Prudential						Welcome Linda _ 🗸			
☆ Home	CLAIMS				SUBMIT A CLAIM	Q ₹ ₹			
Coverages Claims My Documents	Claim Number 1762	^{Product} Accidental Treatment Based	Total Final Paid Amount \$0.00	Date Received 10/29/2020	Group Name ABC COMPANY	SUBMITTED			
 Forms Library Billing 	Claim Number 1718	Product Critical Illness	Total Final Paid Amount \$0.00	Date Received 10/29/2020	Group Name ABC COMPANY	SUBMITTED			
 Payment Account Info Profile Message Center 	How to submit	a claim:							
<	<u>Fax or Mail</u> Go to the Forms Li Complete all requi Fax completed for	ow to submit a claim: ick Submit A Claim to submit your claim in 3 steps. <u>x or Mail</u> to the Forms Library to download a claims form. proplete all required sections and sign form. x completed form to 800-475-4052 or all completed form to:							

Claim Details (Sub-Dashboard)

- Sub-Dashboard provides:
 - 1. Claim Details
 - 2. Claim Line Items (Treatment/Benefit applicable)
 - 3. Disbursement History (Payments)
 - 4. Claim Documents

S Prudential								Welcome (Chandra	СР	
☆ Home	Claims / Claim Details										
+ Coverages	CLAIM				CLAIM DOCUMENTS				±	۹.	Ŧ
Claims	Claim Number	Claim Status			No data found						
B My Documents	659	Paid			4						
🚔 Forms Library	Product Voluntary Hospital Indemnity	Group Name Test r13 list1									
\$ Billing	Certificate Number	Date Received									
😽 Payment Account Info	92186	07/06/2020									
2 Profile	Claimant Pekala, Chandra	Disbursement Date 07/07/2020									
Profile	Total Final Paid Amount	0.000									
	\$150.00										
	CLAIM LINE ITEMS 2.										
	Benefit		Start Date		Stop Date	Status		Final Paid Amount			
	Diagnostic Procedure Benefit, Electrocardiogram (EKG)		07/06/2020		07/06/2020	Approved		\$100.00			
	Benefit		Start Date		Stop Date	Status		Final Paid Amount			
	Emergency Room Treatment		07/06/2020		07/06/2020	Approved		\$50.00			
	DISBURSEMENT HISTORY										
	Payee 3.	Disbursement Status			Disbursement Date		Disbursement Amount				
	Chandra Pekala	Issued		(07/07/2020		\$150.00				
											-



Cancel Claim

To withdraw a claim without consideration of claim decision

- o Click on Claims to view claims status
- o If status is "submitted" or "pending" click on Sub-Dashboard

🕼 Prudential				w	elcome Lir	nda 🕕
🔒 Home	Claims / Claim Details					
+ Coverages	CLAIM		DOCUMENTS	UPLOAD DOCUMENT	Q =	E E
Claims	Claim Number 1762	Claim Status Initial	No data found			
Forms Library	Product Accidental Treatment Based	Group Name ABC COMPANY				
S Billing Payment Account Info	Certificate Number 99680	Date Received 10/29/2020				
Profile Message Center	^{Claimant} Smith, Linda U Esq.	Disbursement Date				
	Total Final Paid Amount 0					
	CLAIM LINE ITEMS					
	No data found					

Appeal Claim

To appeal a claim decision for an underpayment or denial of benefits.

- o Click on Claims to view claims status
- o If status is "paid" or "denied" click on Sub-Dashboard

🕞 Prudential Welcome Frank 🍵									
🔒 Home	Claims / Claim Details								
Coverages	CLAIM		AD EAL CLAIM	DOCUMENTS	UPLOAD DO	CUMENT	Q .		•
Claims	Claim Number	Claim Status	/	No data found					
🖹 My Documents	1777	Denied							
՝ Forms Library	Product Accidental Treatment Based	Group Name	NY						
\$ Billing	Certificate Number	Date Received							
👆 Payment Account Info	99689	10/30/2020							
2 Profile	Claimant	Disbursement [Jate						
🗹 Message Center	Smith, Frank X Total Final Paid Amount O								
	CLAIM LINE ITEMS								
	_{Benefit} Accidental Dismemberment - lo	oss of big toe	Start Date 10/29/2020	Stop Date 10/29/2020	Status Rejected	Final P. \$250	aid Amou 0.00	nt	



V. My Documents Page

View, download, and upload documents and forms

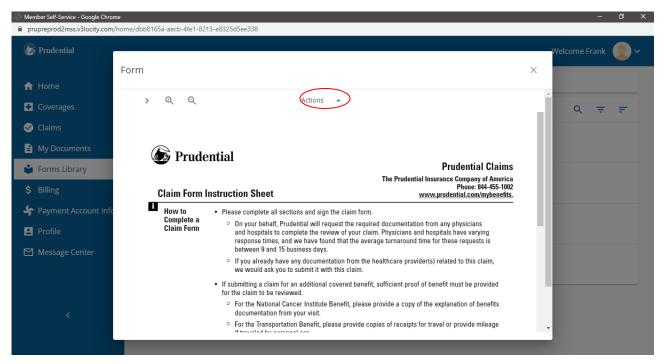
D Prudential			Welcome Chandra	CP Y
🛧 Home	Please review your Groups Booklet-Certificate for complete details about	ut your coverage. Some states have specific requirements that may change over time - modifying the coverage(s) under your Group	Contract.	
+ Coverages	DOCUMENTS		<u>ક</u> ૧	7 F
Claims	Claim Denied Letter 5	07/07/2020		
My Documents	Claim Denied Letter 5	Outbound		>
🛍 Forms Library	Claims	07/06/2020		
\$ Billing	Critical Illness Claim Form.pdf	Inbound		-
Payment Account Info	Claims	07/06/2020		
Profile	Critical Iliness Claim Form.pdf	Inbound		>

View Document

Click on the document title and/or click on the arrow.

Download or Print Document

Click 'Actions' to view Download icon to download the document or the Printer icon to print. Click the X icon to close the document pop-up.





Upload Document

- Click the Upload Document icon to upload a new document.
- Drag and drop the file in the upload window or 'click' to upload (this will initiate the browse files feature on your computer).
- Select a Document Type from the drop-down.
- Enter a Description of the document and click the 'upload' icon.
- View the uploaded document in the My Documents grid.

✿ Home	Please review your Groups booklet-Certificate for complete details about your covera	age, some states have specific requirements that may change over time - moonying the coverage	s) under your Group Contract.
+ Coverages	DOCUMENTS		💼 主 a 👳 📻
🤣 Claims	Claim Denied Letter 5	07/07/2020	Upload
My Documents	Claim Denied Letter 5	Outbound	>
📫 Forms Library		07/06/2020	
\$ Billing	Claims Critical Illness Claim Form.pdf	Inbound	>
😽 Payment Account Info			
2 Profile	Claims Critical Illness Claim Form.pdf	07/06/2020 Inbound	>

Coverages	DOCUMENTS	± Q , ,
🤣 Claims	Prof. Claim Deniad Letter 5	07/07/2020
My Documents	Claim Denied Letter 5	Outbound
📦 Forms Library		07/06/2020
\$ Billing	Claims Critical liness Claim Form.pdf	inbound
Service Account Info		
2 Profile	Claims Upload Documents	× ,
	Birth Cer 61 8312334	>
	Drag and drop files here, or click to upload.	
	Claims Change Order -OOC,Contracts,Certs QA.doc Type * To be uploaded Claims	Claims File Claims File
	test xits To be uploaded Claims	Upload
	Claim Form	07/06/2020
	test.but	Inbound
	LOAD MORE	

Document Type	When Do I Select Doc Type?
Accident Report	Select when submitting more information regarding an accident to support a claim
Admission/Discharge Summary	Select when submitting more information on a hospital admission/discharge to support a claim
Appeals_Member	Select when submitting an appeal to a claim



	decision
Birth Cert/Adoption	Select when submitting supporting documentation needed for claim processing

Document Type	When Do I Select Doc Type?
Claim Form	Select when submitting a Voluntary Benefits claim
Claim - EOB	Select when submitting evidence of benefits to support a claim submission
Consultation Reports	Select when submitting medical records to support a claim
Enrollment- paper	Select if you are asked to submit supporting documentation for your benefit enrollment
Hospital bill	Select when submitting a copy of hospital bill to support a claim
Lodging Receipt	Select when submitting a copy of hotel receipt to support a claim
Misc_Member	Select when submitting supporting information that does not have a specific document type aligned
Police Report	Select when submitting a copy of a police report to support a claim
Power of Attorney	Select when submitting proof of power of attorney to support a claim
Travel Receipt	Select when submitting a copy of travel receipts to support a claim
Other	Select if what is being uploaded does not fall under one of the other document types.

VI. Forms Library Page

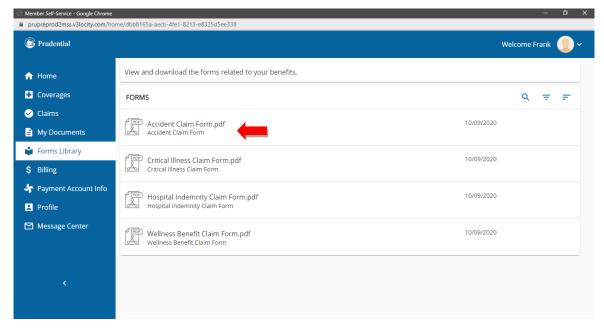
View, download and print the forms related to your benefits



Member Self-Service - Google Chrome		- 0 >	ĸ
prupreprod2mss.v3locity.com/hor	ne/dbb8165a-aecb-4fe1-8213-e8325d5ee338		
🕞 Prudential		Welcome Frank _ 🗸	
🛧 Home	View and download the forms related to your benefits.		
+ Coverages	FORMS	Q = =	
ClaimsMy Documents	Accident Claim Form.pdf	10/09/2020	
 Forms Library S Billing 	Critical Illness Claim Form.pdf Critical Illness Claim Form	10/09/2020	
 Payment Account Info Profile 	Hospital Indemnity Claim Form.pdf	10/09/2020	
🗹 Message Center	Wellness Benefit Claim Form.pdf	10/09/2020	
۲			

View Document

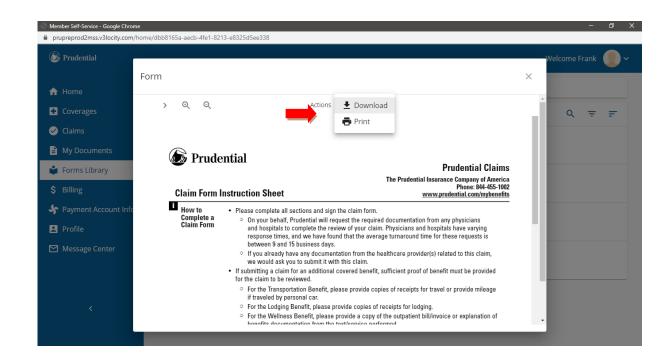
Click on the document title and/or click on the arrow.



Download or Print Documents

Click on the form you would like to view. Once opened, click on the 'Actions' for download or print options.







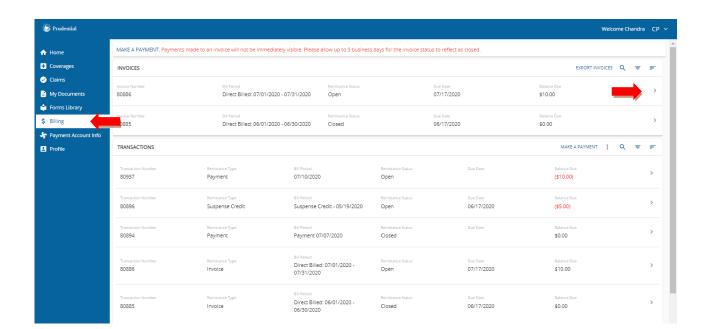
VII. Billing Page (For Direct Bill Employees)

View an invoice, Add and make a payment*

*Please skip this section if you are not a Direct Bill Employee. A Direct Bill Employee is an Employee who is no longer receiving payroll deductions, for their coverage, through their employer.

View an Invoice

Click on the specific invoice you would like to view.



Make a Payment

- Click on MAKE A PAYMENT at the top of the page or scroll down to the transaction section.
- Click on the MAKE A PAYMENT button.
- Follow the prompts in the pop-up screen to select an invoice and your payment method.

Please Note: Initial payments will take 9 business days to approve as your account and payment go through a validation process. Ongoing payments made to an invoice will take up to 3 business days to update.

	: Q ,	-						
Add Payment					×			
1 Setup	2 T	ransactions	3 Details		Confirm			
Please select a Payme	ent Schedule Type						Add Payment	×
Onetime Payment	t							
 Recurring Paymer 	nt						Setup Details Details	Confirm
							Enter Payment Details: Payment Amount	
L							\$10.00	
							Payment Date *	
Add Payment						\times		
							Description Paymere Account *	
Setup	2	Transactions	3 De	tails	Confirm		Add a new Payment Account PNC A/C - PNC BANK (Savings) XXXX45678	×
Trans #	Date	Туре	Identifier	Status	Balance	-	······································	
S0886	06/19/2020	Invoice	Direct Billed: 07/01/2020 - 07/31/2020	Open	\$10.00			
							CANCEL	DREVIOUS NEXT

Add New Payment Account

- Follow the prompts to 'Details' after clicking 'Make a Payment'
- Click the drop down for 'Payment Account' and select 'Add a new Payment Account'

1 Setup	Transactions —	3 Details	👍 Cor
Enter Payment Details:			
Payment Amount			
\$10.00			
Payment Date *			
Description			
Payment Account *			

Drudential



- Enter 'Payment Information' and follow the prompts
 - Routing Number
 - o Account Number
 - Account Type
 - Name for this account (for future re-use)

Add Payment	×
Setup — 2 Transactions — 3 Details — 4 Payment Information —	Confirm
Please enter the following information to add a new Direct Deposit Account to your payment method.	
Routing Number *	
Bank Name	
Enter your Account Number *	
Re-Enter your Account Number *	
Select an Account Type *	Ť
Enter a name for this Account *	
Description	
Make this the default EFT	
CANCEL	PREVIOUS NEXT



VIII. Payment Account Info Page (For Direct Bill Employees)

Edit payment account*

*Please skip this section if you are not a Direct Bill Employee.

🕼 Prudential				W	/elcome Chandra CP 🗸
✿ Home	If you are receiving an individual bill and are ready t	o make a payment please set up your Pa	yment Account in the Billing page > Make a Payment > Add Paym	ent > Payment Account.	
+ Coverages	PAYMENT ACCOUNT INFORMATION				
🧭 Claims					
My Documents	Payment Account Description Bank 1 - Bank 1	Payment Account Type BANK	Payment Account Status Pre-Note	Default Payment Account	
📫 Forms Library					
\$ Billing	Payment Account Description PNC A/C - PNC BANK (Savings) XXXX45678	Payment Account Type BANK	Payment Account Status Approved	Default Payment Account	1
😽 Payment Account Info	PINC ACC - PINC DANK (Savings) XXXX+5070	DAINK	Approved		
2 Profile					

Edit Existing Payment Account

- Click on the pencil icon 🖉 next to the account that you would like to edit
- You are only able to edit the 'Description' or name of the account.

IX. Profile Page

View Employee, Dependent and Employment Information

🕝 Prudential									Welcome Chandra	СР ~
 A Home Coverages Calins My Documents Forms Library Billing Payment Account Info Profile 	PARTICIPANT INFO					EMPLOYER INFO				Ŧ
	Pekala, Chandra Marital Status	Social Security Number XXX-XX-0512	Status	Date of Birth 08/03/1988		Test r13 list1 Employment Status Active	Date of Hire 05/01/2020	Control Number 14322	Employee ID	
	DEPENDENTS				MEMBER ADDRESSES				:	
	Pekala, Rohan	Relationship Child	Social Security Number	Date of Birth 06/01/2017	>	Home 3245 Dan Street • Near Walmart • KING OF PRUSSIA • Pennsylvania • 19406				>
	Pekala, ChandraSpouse	Relationship Spouse	Social Security Number XXX-XX-2001	Date of Birth 11/08/1990	>	Billing 211 Naveen Ave KING		>		
	CONTACT INFO									
	Primary Email cpekala@dummy.com									