

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

My Benefits Website

User Manual

10/01/2018

Information Management & Business Intelligence

This easy-to-read user manual provides an overview of the My Benefits website and shows you how to take full advantage of the convenient functions and features available to you for managing your Prudential Benefits.

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Introduction

Prudential's Group Insurance *My Benefits* website provides you with convenient access to information and services related to your Group Life and/or Disability/Absence employer provided and voluntary benefits. Depending on the Benefit Plans and arrangements your employer has with Prudential, through this website you may be able to:

- Examine your personal benefits coverage portfolio
- View and change your beneficiary(ies)
- Report a disability or update an existing claim
- Report an absence
- View your claims status and history
- Access and download documents
- Learn more about your benefits, get help, and assess your coverage needs

Getting Started

Registering as a First Time User

When visiting the site for the first time, you will be required to create a unique Username and Password to access the site. In order to create your Username and Password, click

Register Now

on the Login Page, located at www.prudential.com/mybenefits.



The following links will open in a new window:


[Terms and Conditions](#) [Privacy](#) [Business Integrity](#) [Accessibility Help](#)

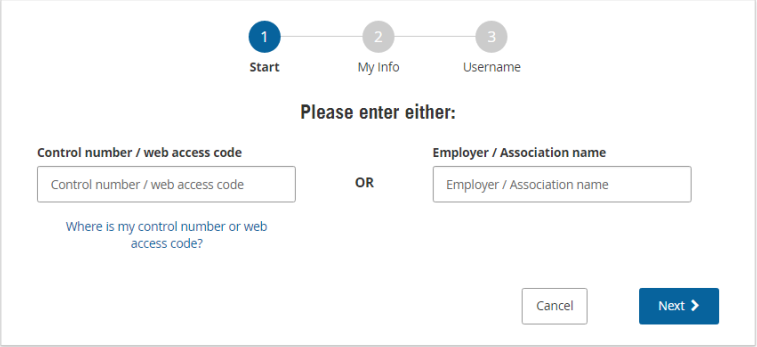
Creating Your Username and Password

Creating your unique Username and Password is an easy 3-step process.

Step 1 – Identify Your Employer:

After clicking  on the Login Page, you will be prompted to identify your employer by entering your organization's *Control number/web access code** or Employer / Association name. Click .

Clicking  will prompt additional questions to appear. You will be required to identify yourself by entering your *Social security number*** and *Date of birth*.



Prudential Workplace Benefits

Register here

1 Start 2 My Info 3 Username

Please enter either:

Control number / web access code

Control number / web access code

OR

Employer / Association name

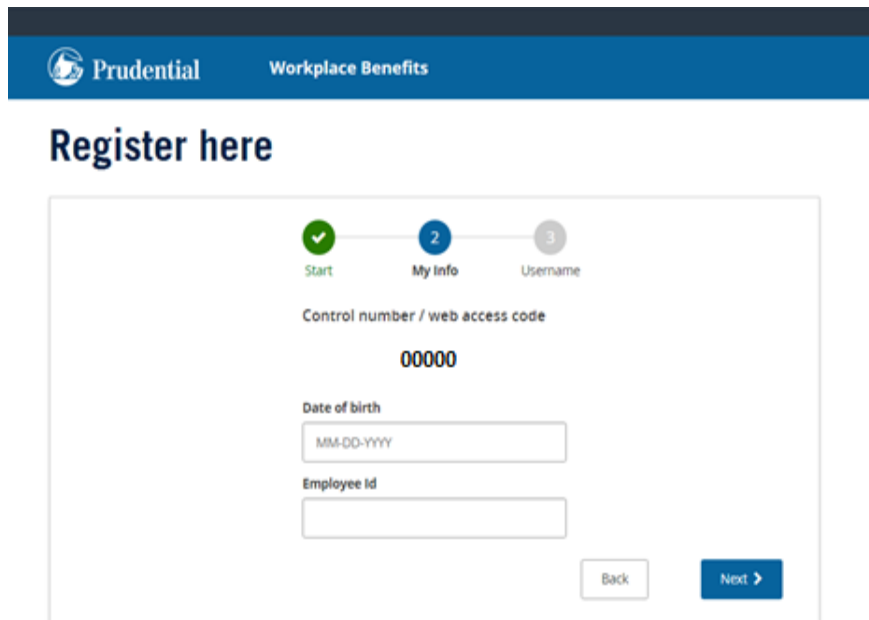
Employer / Association name

Where is my control number or web access code?

Cancel Next >

* Your Control Number/Access Code can be found in correspondence sent to you from Prudential. Clicking the link called “Where is my control number or web access code?” can also provide information on where you may find your Control number/web access code.

** Depending on how your employer requested the case to be established, you may be required to enter your *Employee ID* instead of your Social Security Number




The image shows a screenshot of the Prudential Workplace Benefits registration interface. At the top, there is a dark blue header with the Prudential logo and the text "Prudential Workplace Benefits". Below the header, the heading "Register here" is displayed in a large, bold, dark blue font. The registration process is shown as a three-step sequence: "Start" (marked with a green checkmark), "My Info" (marked with a blue circle containing the number 2), and "Username" (marked with a grey circle containing the number 3). The "My Info" step is active and contains the following fields: "Control number / web access code" with the value "00000", "Date of birth" with a text input field containing the placeholder "MM-DD-YYYY", and "Employee Id" with an empty text input field. At the bottom right of the form, there are two buttons: a "Back" button and a "Next >" button.

Click [Next](#) to move to Step Two.

Step 2 – Provide Login Information

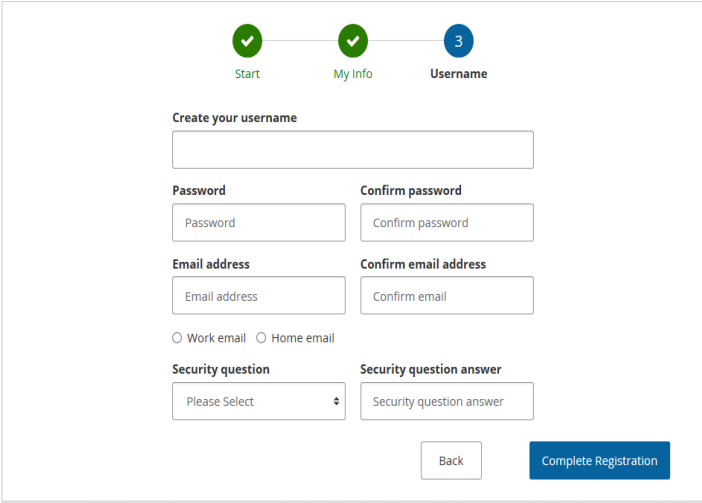
Here, you will create your unique *Username* and *Password**. You will be asked to re-enter your password to confirm.

Then enter your Email address. You will be asked to re-enter your Email address to confirm. You must indicate if your Email address is a Work email or Home email. You

must then choose a Security Question and provide the answer. Click  to proceed to Step 3.



Register here



The registration form is titled "Register here" and is part of a three-step process. The progress indicator shows Step 1 (Start) and Step 2 (My Info) as completed with green checkmarks, and Step 3 (Username) as the current step with a blue circle containing the number 3. The form fields are as follows:

- Create your username:** A single text input field.
- Password:** A text input field labeled "Password".
- Confirm password:** A text input field labeled "Confirm password".
- Email address:** A text input field labeled "Email address".
- Confirm email address:** A text input field labeled "Confirm email".
- Work email / Home email:** Two radio buttons, "Work email" and "Home email", with "Home email" selected.
- Security question:** A dropdown menu labeled "Please Select".
- Security question answer:** A text input field labeled "Security question answer".

At the bottom of the form are two buttons: "Back" and "Complete Registration".

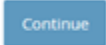
The system will then reserve this Username and Password for you. You will use this Username and Password to access the site from this point on.

Note: If you ever forget your Username or Password, the login page contains convenient *Forgo Username?* and *Forgot password?* functions, that will allow you to easily retrieve them.

*Usernames and Passwords are case-sensitive and must be alphanumeric (containing both numbers and letters).

Step 3 – Read and Accept Agreement

You will be prompted to read and agree to the Prudential Group Insurance E-Consent statement.

Review the statement, check the I Agree box acknowledging that you read and understood it, and click .

Agreement

I agree to the usage of electronic signature and electronic records for current and future transactions pertaining to my benefits conducted through this

I understand that I have the option to p obtain paper copies of any electronic re

I understand that to obtain paper copie to withdraw my consent to the usage o

Agreement

✕ Close

Supporting internet access, and a computer or other app

BY CHECKING THE "I AGREE" BOX, YOU ACKNOWLEDGE THAT YOU AGREE TO THE ELECTRONIC DELIVERY OF THE AGREEMENT AND TO BE LEGALLY BOUND, WITH RESPECT TO THIS AGREEMENT, AS IF YOU HAD SIGNED THIS AGREEMENT WITH A HAND WRITTEN SIGNATURE.

YOU MAY PRINT A COPY OF THIS AGREEMENT FOR YOUR RECORDS.

I Agree

Print

Continue

Step 4 – Registration Confirmation



Register here

Start My Info Username

Thank you! You have successfully completed your registration.

Log in now

A registration progress bar with three green checkmarks in circles, labeled "Start", "My Info", and "Username". Below the bar is a confirmation message and a "Log in now" button with a lock icon.

CONGRATULATIONS!

You have now registered and created your Username and Password. Click to access the site.



Once you return to the Login Page, enter your Username and Password in the correct fields and click



Contact Us (Pre-login):

If you have trouble registering or logging in, you can select Contact us on the Login Page and you will be provided the information you need to contact us.

Contact Us



Do you need to speak with someone for additional help? We are here to help you. Please call us:

Customer Service:

Number: 1-877-507-4778

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Time

Technical Support:

Number: 1-877-232-3619

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Time

NOTE: For inquiries about life insurance products, we can only release information over the phone to the policy owner. Requests to have information mailed to the policy owner can be made by others, provided the information is mailed to the policy owner's address of record.

Close

My Profile

By clicking the **Hi. (user first name)** in the Header section of the Page, you can review and update your personal information.

Change Password Contact Us Forms

Prudential BENEFITS OVERVIEW CLAIMS AND ABSENCE GROUP UNIVERSAL LIFE EVIDENCE OF INSURABILITY Hi, John Logout

My Profile

Profile

Please confirm or edit the information

Save Changes

First Name: John

Middle Initial:

Last Name: Jones

SSN: XXX-XX-0232

Gender: Male Female

Birthdate: 01-01-1980

Personal Email: Preferred Email

Work Email: Preferred Email

Mobile Phone:

Home Phone:

Work Phone:

Address:

E-Delivery Consent

You have the option to apply for coverage electronically and to receive certain communications from us relating to each group insurance contract you are covered by with Prudential via electronic delivery at the email address and mobile number you provided in your Profile.

Email: [Change](#)

Mobile Phone: None provided [Add](#)

Preferred Communication Method:

If you would like to apply for coverage electronically and receive email or text communications about each of your group insurance coverages, please indicate your preferences below and include your email address and mobile number.

Email and text Email only No email or text

CONSENT TO ELECTRONIC DELIVERY

Thank you for consenting to the use of electronic signatures and electronic delivery in connection with your application for insurance or the administration of each of your group insurance coverages. Please note that a separate consent may be required for other products you may have purchased from Prudential or its affiliates.

[Print/Save](#)

I understand that by clicking "I AGREE," I am signing this Consent electronically. My electronic signature is the legal equivalent of my handwritten signature and I will be legally bound by the terms and conditions of this Consent. I have read the terms and conditions of this Consent and agree to receive Communications electronically at my email address set forth above.

I agree

Changes made to your personal information, through this web site, are used only for purposes of your Prudential Group Insurance coverage. To make Permanent changes, you must contact your Benefits Administrator or Human Resources Department.

The following links will open in a new window:

Change Password

By clicking **Change Password** at the top of the Header section of the Page, you can easily change your Password.

Getting Help

Contact Us (Post Login)

In certain instances, you may have questions or need assistance with functions in the web application. By clicking the **Contact Us** tab, our contact information will be displayed. Select the tabs on the left to view each Contact Us option.

By Phone

Contact Us

We have customer and technical service representatives available to assist you. Choose an option below.

By Phone

Need to speak with someone? Call us directly at:

Area	Phone Number	Hours of Operation
Benefits	123-456-7890	Mon-Fri 8:00 am-8:00 pm ET
Technical Support	123-456-7890	Mon-Fri 8:00 am-8:00 pm ET

By E-Mail

Contact Us

We have customer and technical service representatives available to assist you. Choose an option below.

By E-mail

Your E-mail:

To help us direct your inquiry, please select a topic from the following list:

Message:

Live Chat

Contact Us

We have customer and technical service representatives available to assist you. Choose an option below.

Live Chat

Chat live with a representative Monday to Friday from 8:00 am to 8:00 pm Eastern Time, excluding holidays.

Schedule a Call

Contact Us

We have customer and technical service representatives available to assist you. Choose an option below.

Schedule a Call

Have a busy schedule? Let us call you at a time that's convenient for you.

First Name: Last Name:

Phone Number: Ext.:

Call Date:

Time Zone:

Call Time:

Topic:

Message:

As you can see, we offer multiple ways for you to converse with us. You can call one of our Toll-Free Numbers, send us an E-mail, Live Chat* or Schedule a Call**.

* Live Chat allows you to converse with a Customer Service Professional (CSP) through a convenient Instant Messaging session.

** Schedule a Call allows you to choose a time for one of our CSPs to contact you directly.

Device Authentication Page:

If you are logging in with a device that we do not recognize, you will be displayed a Device Authentication screen and an email will be sent to you that contains a Verification Code. You must input the Verification Code to proceed. You will be asked if we should remember the device that you are logging in with.



Device Authentication

The device you are logging in from is not recognized. We sent a verification code to your email account. Please enter it below:

Verification code

Continue

Benefits Overview (Landing) Page

If Prudential is providing Coverage Record Keeping Services, you can view your current coverages, benefits and/or beneficiaries on this page at a glance. You can easily access any of the other features available by simply clicking one of the Navigation tabs. (You may not see all the Navigation tabs shown below.) The Navigation tabs will provide access to all your available services. Clicking the Prudential icon from any page after login will bring you to the Landing Page.

You might see other links in the Welcome section. This section will be customized for your specific needs as they change over time. You may also want to keep an eye out for any important messages from your employer at the top of this screen.

Prudential BENEFITS OVERVIEW CLAIMS AND ABSENCE GROUP UNIVERSAL LIFE PROOF OF GOOD HEALTH Hi, Leanne Logout

Benefits Beneficiaries

Welcome to Workplace Benefits!

XYX Company would like to inform you that

Beneficiaries
You do not have any beneficiaries on file. [Add beneficiary.](#)

Benefits

Type	Effective	Amount
Basic Life	10/01/2017	\$1,000.00
Basic CI Employee	10/01/2017	\$10,000.00

Please refer to your plan document for additional information on all coverages available under your plan. You may be eligible or enrolled for coverages not yet shown.

Beneficiaries

You do not have any beneficiaries on file.

[Update Beneficiaries](#)

Benefits Overview

Benefits

If Prudential is providing Coverage Record Keeping Services, you can view your current coverages and benefits by selecting Benefits within the Benefits Overview navigation. Your current benefits will be displayed along with any special messages that may apply.

The screenshot shows the Prudential Benefits Overview page for user Leanne. The navigation bar includes 'BENEFITS OVERVIEW', 'CLAIMS AND ABSENCE', 'GROUP UNIVERSAL LIFE', and 'PROOF OF GOOD HEALTH'. The user is identified as 'Hi, Leanne' with a 'Logout' option. The main content area displays a table of benefits:

Type	Effective	Amount
Basic Life	10/01/2017	\$1,000.00
Basic CI Employee	10/01/2017	\$10,000.00

Below the table, a note states: "Please refer to your plan document for additional information on all coverages available under your plan. You may be eligible or enrolled for coverages not yet shown." At the bottom, there are links for "Terms and Conditions", "Privacy", "Business Integrity", and "Accessibility Help".

The screenshot shows the Prudential Benefits Overview page for user David Allen. The navigation bar includes 'BENEFITS OVERVIEW', 'CLAIMS AND ABSENCE', and 'EVIDENCE OF INSURABILITY'. The user is identified as 'Hi, DAVID ALLEN' with a 'Logout' option. The main content area displays a table of benefits:

Type	Effective	Amount
WDI	07/24/1973	_____
LTD	10/22/1972	_____
Absence Service		_____
> Federal Family Medical Leave	02/01/2018	_____
> Federal Family Medical Leave	02/01/2018	_____

If Prudential is providing Absence Management services, you may also view your Family Leave benefits within this section. Expand the > in the *Benefits* section to view your available leave types, your allowed leave time for each type, the amount of used time and other useful information.

Benefits

Benefits

Type	Effective				Amount		
WDI	07/24/1973				_____		
LTD	10/22/1972				_____		
Absence Service					_____		
▼ Federal Family Medical Leave	02/01/2018				_____		
Calendar	Start	End	Available	Used	Pre-Approved	Pending	
12.0 Weeks	02/01/2018	02/02/2017	12.0 Weeks	0.0	0.0	8.2	
▼ Federal Family Medical Leave	02/01/2018				_____		
Calendar	Start	End	Available	Used	Pre-Approved	Pending	
12.0 Weeks	02/01/2018	02/02/2017	12.0 Weeks	0.0	0.0	8.2	

Benefits Overview

Beneficiaries

View/Change/Add Beneficiary

You can view, add or change beneficiary information by selecting Beneficiaries within the Benefits Overview navigation. If you already have beneficiaries on file, you will see them listed on this screen and you will have the ability to edit or add to your designation.

The screenshot shows the Prudential web interface. At the top, there is a navigation bar with the Prudential logo and several menu items: BENEFITS OVERVIEW, CLAIMS AND ABSENCE, GROUP UNIVERSAL LIFE, and PROOF OF GOOD HEALTH. On the right side of the navigation bar, there are links for Change Password, Contact Us, and Forms, along with a user profile for 'Hi, Leanne' and a Logout button. Below the navigation bar, there are two tabs: Benefits and Beneficiaries. The main heading is 'Beneficiaries'. Below the heading, a message states: 'You do not have any designated beneficiaries on file.' A blue-bordered box contains an information icon and the text: 'Beneficiary changes can only be made once every 24 hours. Updates/deletions are not processed until the 'Submit All Beneficiary Changes' button is clicked.' Below this box is a yellow button labeled 'Add a Beneficiary'.

Clicking on the **Add a Beneficiary** button will allow you to begin the process of designating your beneficiaries. If you are permitted to elect beneficiaries by Coverage, select the coverage(s) that you want to apply for this beneficiary or you may check the Select All option which will apply all coverages to that beneficiary. You will first have to choose the beneficiary Type and enter the details requested on the screen. The required information will vary depending on the beneficiary type you select. Provide the required information for the beneficiary you are adding and click

Continue

Beneficiary that Applies to All Coverages:

Add Beneficiary ✕ close

Type of beneficiary
 Individual Organization Trust Estate Other Preference Beneficiary

First name **Last name** **Relationship**

Date of birth (optional) **Social security number (optional)** **Country (optional)**

Address 1 (optional) Same as my address **Address 2 (optional)**

City (optional) **State (optional)**

Zip code (optional) **Phone number (optional)**

Beneficiary that Applies to any Coverage:

Add Beneficiary ✕ close

Type of beneficiary
 Individual Organization Trust Estate Other Preference Beneficiary

Designate Coverage Select All
 Basic Life 13 WRK REL ACCDTH#2

First name **Last name** **Relationship**

Date of birth (optional) **Social security number (optional)** **Country (optional)**

Address 1 (optional) Same as my address **Address 2 (optional)**

City (optional) **State (optional)**

Zip code (optional) **Phone number (optional)**

Beneficiary for All Coverages:

Benefits Beneficiaries

Beneficiaries

Beneficiary changes can only be made once every 24 hours.

Updates/deletions are not processed until the 'Submit All Beneficiary Changes' button is clicked.

Add a Beneficiary

ALL COVERAGES

Name	Type	Share (%) Divide Equally	
New Bene	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary	<input type="text" value="100"/> %	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Add a Beneficiary

Submit All Beneficiary Changes

Beneficiary By Coverage:

Benefits Beneficiaries

Beneficiaries

Beneficiary changes can only be made once every 24 hours.

Updates/deletions are not processed until the 'Submit All Beneficiary Changes' button is clicked.

Add a Beneficiary

Basic Life 13

Name	Type	Share (%) Divide Equally	
Estate Of Davron Beltle	<input checked="" type="radio"/> Primary <input type="radio"/> Secondary	<input type="text" value="50"/> %	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Add a Beneficiary

Submit All Beneficiary Changes

Repeat this process to continue adding and/or editing all of your beneficiaries.

Once you have entered the information for all your beneficiaries, you will then indicate which are *Primary* and which are *Secondary*. A secondary beneficiary receives the benefit payment in the event that the primaries are all deceased. In order to designate a beneficiary as secondary, you must also have a primary beneficiary on file.

Next, indicate the *Share* by entering a whole number in each percentage field. Total percentages for Primary beneficiaries and total percentages for Secondary beneficiaries must equal 100%. If you would like to split the benefit equally among all beneficiaries, click

[Share \(%\) Divide Equally](#)

to allow the system to enter the percentage for you.

[Submit All Beneficiary Changes](#)

Click [Submit All Beneficiary Changes](#) to save your beneficiary designations. You can return to the site at any time to review and change these designations. To change or remove a beneficiary, simply utilize the [Edit](#) and [Delete](#) options found to the right of each beneficiary. Once you have submitted your beneficiaries, you will need to wait until the next day to make any updates. Beneficiary changes can only be made once every 24 hours.

Claims and Absence

File a Claim/Report an Absence

To submit a Disability or Absence Claim online, select *File a Claim/Report an Absence* from the Claims and Absence navigation tab.

The screenshot shows the Prudential website interface. At the top, there is a dark blue navigation bar with the Prudential logo on the left and links for 'Change Password', 'Contact Us', and 'Forms' on the right. Below this is a blue menu bar with categories: 'BENEFITS OVERVIEW', 'CLAIMS AND ABSENCE' (which is highlighted), 'GROUP UNIVERSAL LIFE', and 'EVIDENCE OF INSURABILITY'. A user profile 'Hi, Alani' and a 'Logout' link are also visible. Below the menu bar, there are sub-links for 'File a Claim / Report an Absence', 'Claims Status', 'Claims History', and 'Tax Statements'. The main heading is 'File a Claim / Report an Absence'. Below the heading is a blue information box with an 'i' icon and the text: 'We are currently improving our Disability and Absence claims process.' The main content area is titled 'Disability and Absence' and is divided into two columns. The left column is titled 'What You Will Need:' and lists: 'Doctor's contact information', 'Medical information', 'Dates related to your absence', and 'Bank account information'. The right column is titled 'What To Expect:' and lists: 'Starting a new claim takes about 15 minutes.' and 'It may take up to 10 days to get a claim decision.' At the bottom right of the content area is a blue button labeled 'File a Claim / Report an Absence'.

On this page, you are provided with a list of items and information you may need to complete the claim submission process. You can gather all necessary information and then click

[File a Claim / Report an Absence](#)

Step 1 – Demographic Info

The first step in the claim submission process is to provide or verify your Personal and Work Information which may, in some cases, have already been provided by your Employer.

Simply provide, verify or edit the information and click [Save & Continue](#).

File a Claim / Report an Absence

1 Demographic Info 2 Reason 3 Time Away 4 Payment 5 Finish

Personal Information

Name: (Need to edit? Click [Update Profile](#))

Alanii MI VAICEKAUSKAS

Social Security Number:

*** - ** - 2669

Date of Birth:

11/10/1963

Spousal or Domestic Partnership Status:

Single

Gender:

Male Female

Work Information

Employer:

XYZ Company

Work State:

Please Select

Employee ID:

75642

Job Category:

Please Select

Job Title:

Work Location:

[Save & Continue](#)

Then, you can indicate how you would like to be contacted regarding this claim. In most instances, updates will be made via the Profile page [Update Profile](#).

You can choose to provide your mailing or email address to receive correspondence. By enrolling in Prudential's Go Green initiative, you will be choosing to receive communications from us quickly and securely through email and be environmentally conscious in the process. Please note that there is still some correspondence that Prudential is required to send via postal mail.

File a Claim / Report an Absence

- 1 Demographic Info
- 2 Reason
- 3 Time Away
- 4 Payment
- 5 Finish

Would you like the Preferred Communication Method for this claim to be email? (Need to edit? Click [Update Profile](#))

Yes No

Personal Email (Need to edit? Click [Update Profile](#))

Work Email Please be sure to check your company policy on accessing work emails while on leave. (Need to edit? Click [Update Profile](#))

Preferred Email (Need to edit? Click [Update Profile](#))

Personal Work

Address for this claim

Different Mailing Address

Residence (Need to edit? Click [Update Profile](#))

Domestic Foreign

Back

Save & Continue

File a Claim / Report an Absence

- 1 Demographic Info
- 2 Reason
- 3 Time Away
- 4 Payment
- 5 Finish

Mobile Phone: (Need to edit? Click [Update Profile](#))

 - -

Home Phone: (Need to edit? Click [Update Profile](#))

 - -

Work Phone and Extension (Need to edit? Click [Update Profile](#))

 - - Ext.

Back

Save & Continue

Simply provide or verify the information and click [Save & Continue](#).

Step 2 – Reason

Next, you will be prompted to provide the reason for your absence. You will be presented with a series of questions regarding the reason for your absence; the answers you choose on the first screen will dictate what other questions appear. Also, as you provide answers on certain screens, additional questions may appear. We know your time is valuable and have streamlined the process to request only information relevant to the type of claim you are submitting.

Once you have answered the questions on each screen, click **Save & Continue**. (Depending on your answers, you may see more screens for this step than shown below.)

File a Claim / Report an Absence

When will you be out of work?
Please Select

What is the last day you were/will be physically at work? *
MM/DD/YYYY

What was/is the first date you were unable to work due to
MM/DD/YYYY

Back

What are you out of work for? (required)
Please Select

Back

File a Claim / Report an Absence

Demographic info Reason Time Away Payment Finish

What are you out of work for? (required)
Employee's Own Health Condition

Why are you out of work? (required)
Sickness

Back

Save & Continue

File a Claim / Report an Absence



What is the first day your disability began? **** This can be a non-work day or holiday.

Please provide a brief description of the medical reason for this claim:

Was the Accident/Injury/Sickness/Surgery related to your job?

Yes No

What is the name and telephone number of the health care provider?

Physician Last Name

Physician First Name

Domestic Foreign

Physician Address Line 1

Physician Address Line 2

File a Claim / Report an Absence



Physician City

Physician State

Physician Postal Code

Physician Country Foreign Last Line

Phone:

Ext:

Fax:

Specialty:

File a Claim / Report an Absence



Will you be having surgery?

Yes No

Were you hospitalized?

Yes No

File a Claim / Report an Absence



I authorize and instruct any health plan, physician, health care professional, medical professional, hospital, clinic, laboratory, pharmacy, clearinghouse, data warehouse, or other organization that aggregates and maintains pharmacy data, MIB, Inc. (formerly known as the Medical Information Bureau), medical facility, or other health care provider or insurance company or producer that has provided treatment, payment, or services to me or on my behalf ("My Provider") to disclose my entire medical record and any other information concerning me or my mental or physical health to the Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (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.

I authorize any insurance company, employer, the Social Security Administration, or other person or institutions to provide any information, data, or records relating to my Social Security, Workers' Compensation, credit, financial, earnings, activities, or employment history to Prudential.

For purposes of this Authorization, I acknowledge that any agreements I have made with My Providers that restricts the disclosure of my protected health information as described above do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical record without restriction, including any restrictions on healthcare items or services for which a healthcare provider has been paid out of pocket in full.

This information is to be disclosed under this Authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage or benefits I have or have applied for with Prudential.

This Authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers or Prudential has relied on this Authorization or to the extent that Prudential has a legal right to contest a claim under any insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and will no longer be protected by the HIPAA Privacy Rule governing privacy and confidentiality of health information.

I understand that if I refuse to sign this Authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this Authorization.

Authorization for Release of Information to Prudential Insurance Company

This authorization is intended to comply with the HIPAA Privacy Rule.

I accept the terms of this authorization.

Yes No

If medical records will be required, the final screen in this step conveniently allows you to provide electronic authorization for your physician to release those records. Review the **Authorization Statement** and check Yes.

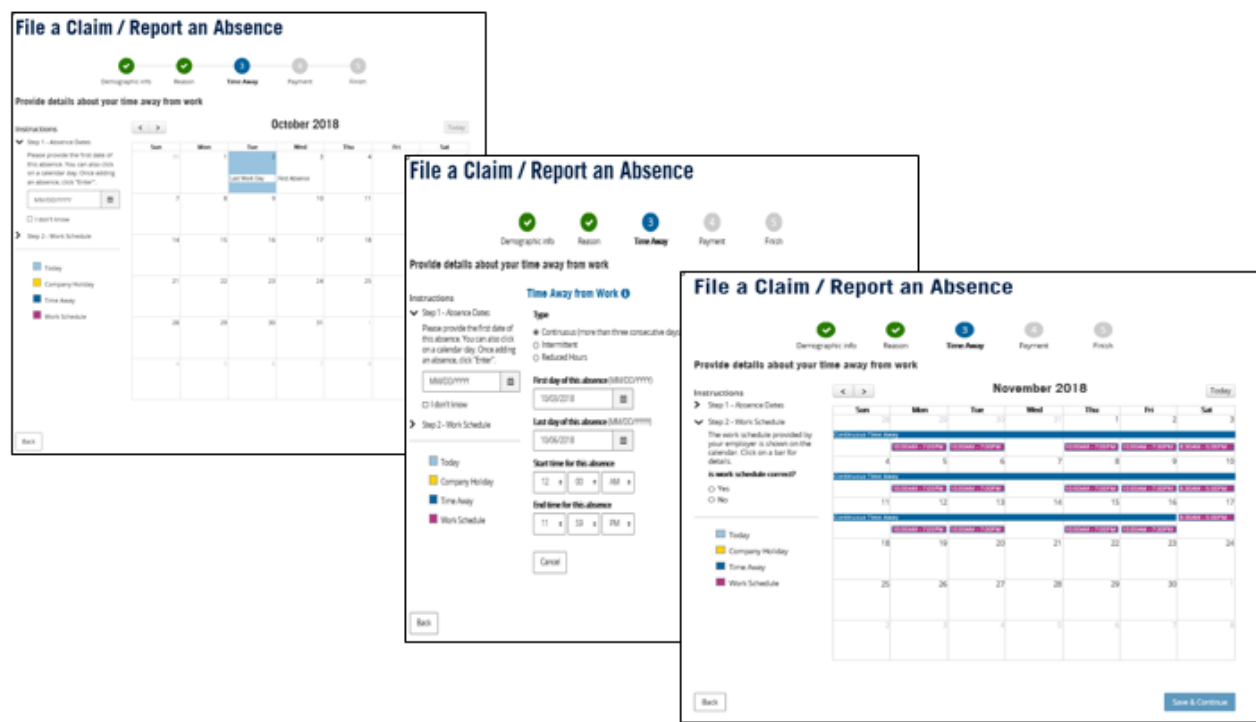
When you submit your claim, the system will automatically send a faxed copy of your authorization, including your electronic signature, to the fax number you provided.

If you do not wish to provide electronic consent, simply check No and move forward. In this case, you will be required to provide your physician with written authorization to release your records to Prudential.

Step 3 – Time Away

If you are submitting an Absence claim, you will be prompted to enter information about your time away from work. There are a few possible screens within this step but, depending on the reason for your absence and the type of claim you are submitting, not all screens may appear.

You will first need to enter your **Absence Dates**. For certain types of absence claims, you may then be asked to enter or confirm your **Work Schedule**



Once all required dates have been provided, the **Save & Continue** button can be clicked to move to the next step.

Step 4 – Payment

If you are filing a claim for disability benefits and Prudential will be issuing benefit payments, you will be asked how you would like to receive your disability benefit payments. You can choose to set up direct deposit into an account of your choosing or you can receive payments at the address you provided earlier, via postal mail. You can also indicate other sources of income associated with the disability being reported.

File a Claim / Report an Absence



Do you have any other income as a result of this disability?

Type	Amount	Frequency	Start Date	End Date
<input type="checkbox"/> SSDB	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>
<input type="checkbox"/> SS Retirement	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>
<input type="checkbox"/> SS - Other	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>
<input type="checkbox"/> Workers' Comp	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>
<input type="checkbox"/> No Fault	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>
<input type="checkbox"/> A&S/Sail Cont	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>
<input type="checkbox"/> State Disab.	\$ <input type="text"/>	Please Select ▾	MM/DD/YYYY <input type="text"/>	MM/DD/YYYY <input type="text"/>

Back

Save & Continue

Click **Save & Continue** to proceed to the final step.

Step 5 – Finish

The fifth and final step gives you the opportunity to review and confirm your claim information.

Use the > buttons to expand and collapse each section. Click within each section if you need to make any changes. Click **Continue** after verifying the information.

On the next screen, click **Submit Claim** to acknowledge that you have read the disclaimer.

File a Claim / Report an Absence

Demographic info Reason Time Away Payment **5**
Finish

> Demographic Information

> Reason

> Time Away

Back Continue

A Prudential Claim Number will then be assigned. Since online claim submissions are real-time, this screen confirms that your claim was created in our Disability/Absence Claim System and is available to view in the status section.

File a Claim / Report an Absence

Demographic info Reason Time Away Payment Finish

Thanks for submitting your claim. Your reference number is #1937020.

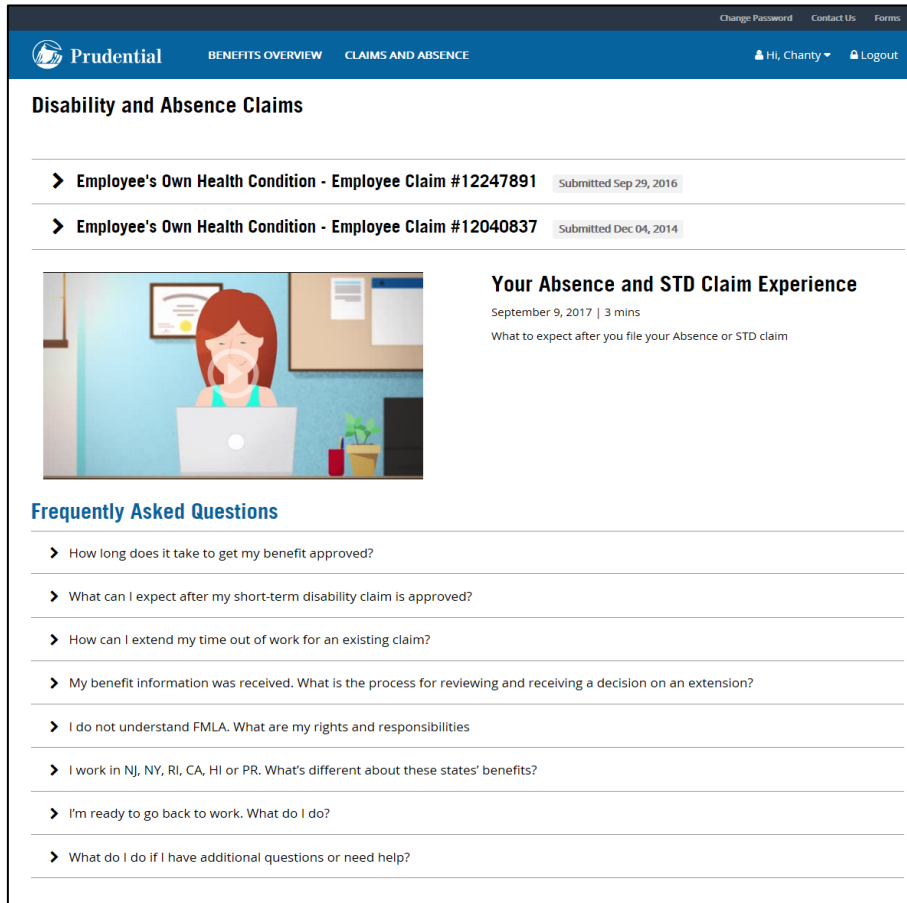
Thank you for providing us with this information. Within the next week you should receive a communication packet in the mail which will include a letter outlining the eligibility status of your leave or leaves. In addition, Prudential may also require a statement from the health care provider who took you out of work. We'll be faxing a form directly to your health care provider's office to obtain this information. The reference number for your submission is: 1937020.


The Prudential My Benefits Website is available to you any time. Once logged in, you can check the status of your claim and review claim correspondence-including the ability to see if Prudential has received incoming documents on your claim.

Claims and Absence

Claims Status

The Claim Status Tool provides you with a list of Absence/STD claims that include the type of claim, claim number, when it was submitted and the claim status.





You can obtain information about your claim by clicking  next to the claim you want to view. The tool provides detailed information for the claim including action that is needed and the activity for the claim.


In addition, there is a short video that speaks to what an employee can expect after they file they're Absence and/or STD claim and there are frequently asked questions (FAQs) which provide additional information on topics such as the FMLA, timeline to receiving a decision, links to State Mandated benefits, etc.

▼ **Employee's Own Health Condition - Employee Claim #12341391** Submitted Jul 28, 2017

Employee's Own Health Condition - Employee


 Submission


 Document Collection and Assessment


Decision

Short Term Disability Jul 27, 2017 - Aug 06, 2017

Click [here](#) to view additional details on your claim(s).

Federal Leave Certification Period (as of Sep 19, 2017 12:47 PM) Aug 01, 2017 - Aug 06, 2017

Federal Leave Pattern & Duration
Starting 08/01/2017, ending 08/06/2017

Time Used
5.80 Weeks
[View Details](#)

Time Available
6.20 Weeks
[Add additional time to this claim](#)

Note: Access the [Absence Calendar](#) to view the status of your requested time away from work. [View Calendar](#)

Expected Return to Work: Not indicated [Update](#)

Recent Activity [View Correspondence](#)

We received "Own Serious Health Condition (OSHC) Medical Cert - Own Serious Health Condition (OSHC) Medical Cert - Physician"	Aug 01, 2017
We received "Medical Authorization - Medical Authorization - Claimant"	Aug 01, 2017
We sent "Integrated Decision Letters - Extension - Claimant to Provide Medical"	Aug 01, 2017
We received "Medical Records - Medical Records"	Jul 31, 2017
We received "Own Serious Health Condition (OSHC) Medical Cert - inc cert - int cert recvd. EE req to be oow cont - Physician"	Jul 28, 2017

[Show More](#)

[Upload Documents](#) [New Medical Authorization](#) [Update Healthcare Provider Information](#)

From the Tool, you can link to other areas of the website to obtain or provide additional information, including reviewing leaves of absence via the Absence Calendar and/or uploading additional documentation for your claim

Legend

For additional information, click on any date with a symbol(s). Additional information is not available for Company Holiday. (BLUE SQUARE ■)

Pending ORANGE TRIANGLE ▲
Requested absence date which is awaiting processing and decision by Prudential

Approved GREEN CIRCLE ●
Requested absence date which was approved

Denied RED DIAMOND ◆
Requested absence date which was denied

Company Holiday BLUE SQUARE ■
Time out of work on this day does not count against leave time available

Not Taken GREY STAR ★
Previously requested absence date which is no longer needed

October 2016 Oct 2016 GO

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Daily Absence Summary

Date: 10/17/2016 **Current Work Schedule**
Time: 08:00 AM - 05:00 PM Lunch: 12:00 PM - 01:00 PM

Claim #: 11763122 **Claim Reason:** Care of a Family Member

Relationship: Parent

Time Requested	Leave Type	Leave Name	Status	Reason/Description
8:00 AM - 5:00 PM	Federal	FED FMLA	Pending	
8:00 AM - 5:00 PM	State	WA Family Leave	Pending	

Did you know you could also:

Complete Medical Authorization - to allow Prudential to request information from your medical provider(s). Please [click here](#) to complete your authorization or submit a completed document using the instructions below.

To send documents via text, access your [Profile](#) page and update your mobile phone number. You should also indicate your preferred communication method and agree to electronic delivery. Please return to this page once you've updated your profile.

Send Documents Electronically - click Browse to locate and attach document files. Be sure the documents are not password protected.

Browse

Up to ten documents can be uploaded at one time, with the maximum document size being 5mb or less. Please ensure you are labeling each document appropriately.

NOTE: If you are enrolled in our texting option, you will receive a text message for each document uploaded confirming receipt.

Document Name	Document Type*	Status
<input checked="" type="checkbox"/> Test.docx	Attending Physician Statement / N	Sent

Send

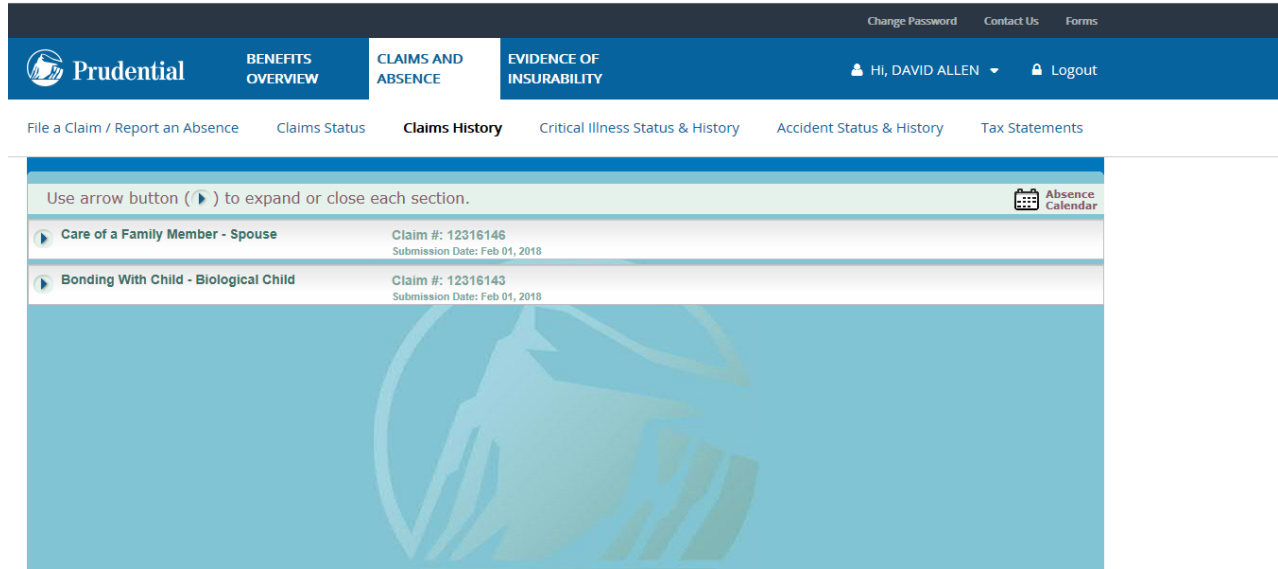
* Each document selected must have a document type assigned. Click on the arrow below to see the full description of each type listed


Done

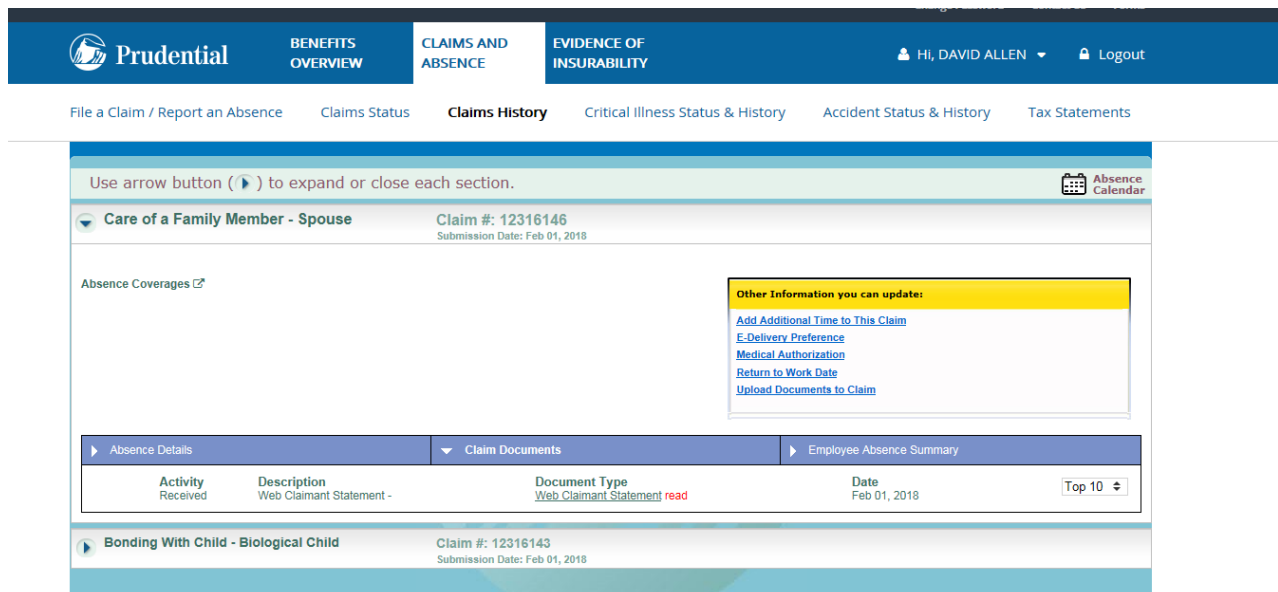
Claims and Absence

Claims History

To view the history of a Disability or Absence Claim online, select *Claims History* from the Claims and Absence navigation tab. This page will provide a list of your claims.



If you wish to view additional information regarding a claim, simply click  to expand the details associated with each claim. If you are required to provide or update information on the claim, you can utilize the links within the claim under the Other Information you can update section.



You can also click on the other section headings within the claim to expand additional information on *Absence Details*, *Claims Documents* and *Employee Absence Summary* OR *Payments*, *Claim Documents* and *Claim Events*. This additional information varies depending on the type of claim.

The image displays three screenshots of a web-based claim management system interface, each showing a different section expanded from a main menu.

Top Screenshot: Payments

The menu items are: Coverage status, **Payments**, Claim Documents, Claim Events. A "Top 10" dropdown is visible.

Payment Date	Amount
Feb 14, 2008	\$260.71
Feb 19, 2008	\$182.49
Feb 26, 2008	\$182.49
Mar 04, 2008	\$182.49
Mar 11, 2008	\$182.49

Middle Screenshot: Claim Documents

The menu items are: Coverage status, Payments, **Claim Documents**, Claim Events. A "Top 10" dropdown is visible.

Description	Document Type	Date
Claim Acknowledgement Letter	Intake read	Jan 12, 2008
Apvl/Term - DAP - Preg Pd To Recovery w/Appeal	STD Decision read	Feb 13, 2008

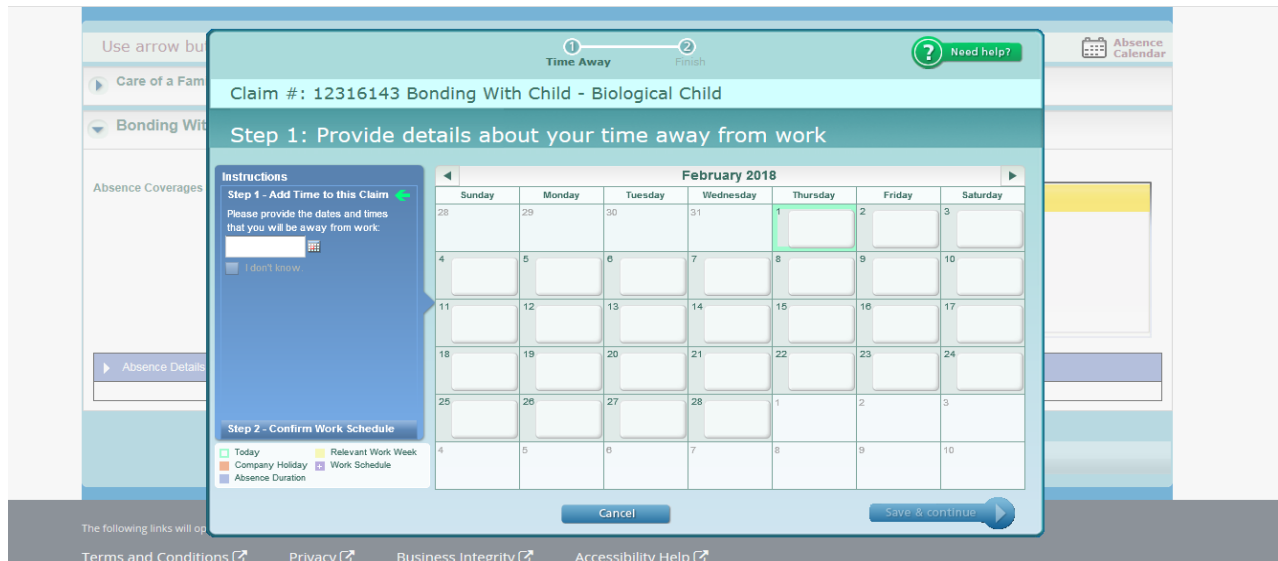
Bottom Screenshot: Claim Events

The menu items are: Coverage status, Payments, Claim Documents, **Claim Events**. A "Top 10" dropdown is visible.

Date	Activity	Status
Jan 11, 2009	Cov. Stat	Pre-Pending
Jan 11, 2009	Cov. Stat	Pending
Jan 18, 2009	Cov. Stat	Approved
Feb 13, 2009	Cim. Stat	Active
Feb 13, 2009	Cim. Stat	Inactive
Feb 27, 2009	Cim. Stat	Terminated

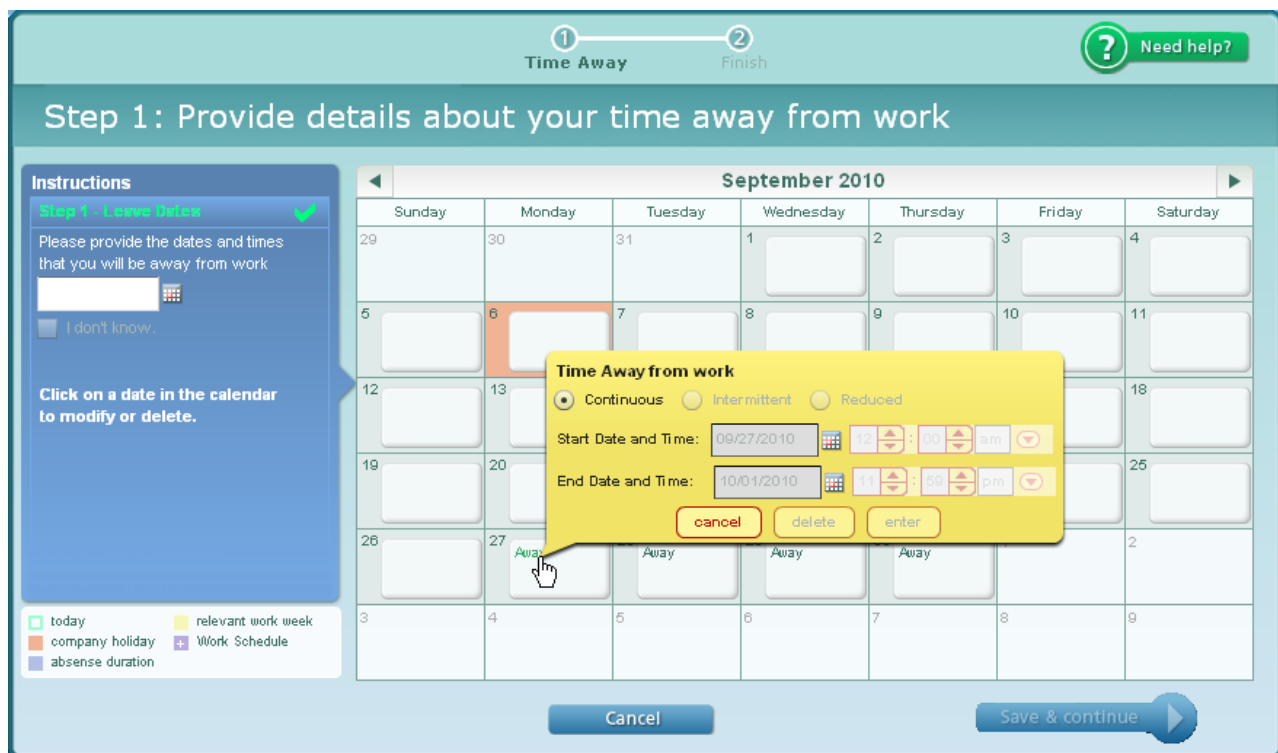
Add Additional Time to This Claim

To add absence time to an existing claim, select Add Additional Time to this Claim under the Other Information you can update section.




Step 1 – Time Away

The first step will prompt you to enter additional Leave Dates by either entering the information in the field on the left of the screen or by selecting the date from the calendar.





Select the Absence pattern and enter the appropriate Start and End dates and times. Click **enter** to proceed.

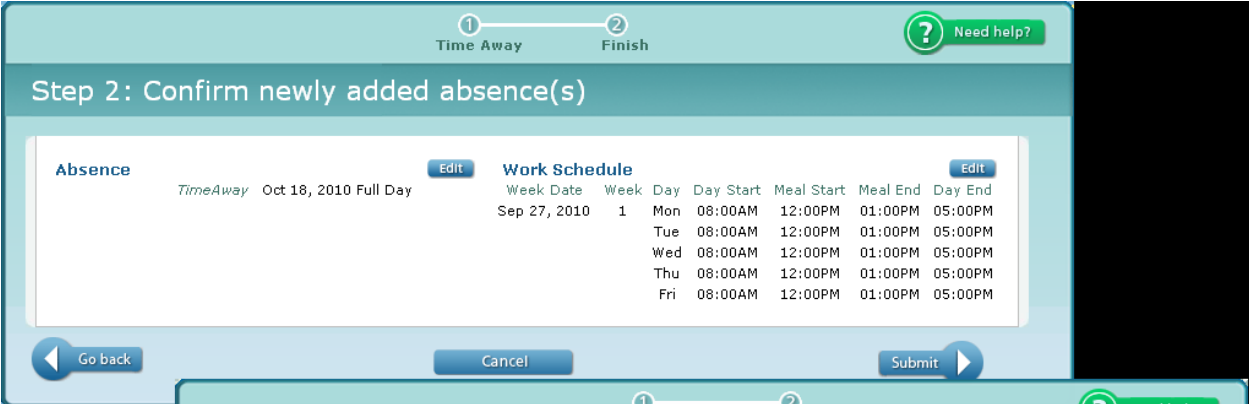
Next, you will be asked if you would like to add additional absence time. If 'Yes,' you will be brought back to the same screen to add additional time.

Once you successfully add your absence time, you may then be asked to confirm your **Work Schedule**. If the work schedule is not correct, you can update the details and click  once complete. If the information is correct, select 'Yes' on the left of the screen.

Click  to proceed to the final step.

Step 2 - Finish

The second and final step gives you the opportunity to review and confirm your newly added absence(s). Click  within each section if you need to make any changes. Click  after verifying the information.



Step 2: Confirm newly added absence(s)

Absence		Work Schedule						
TimeAway	Oct 18, 2010 Full Day	Week Date	Week	Day	Day Start	Meal Start	Meal End	Day End
		Sep 27, 2010	1	Mon	08:00AM	12:00PM	01:00PM	05:00PM
				Tue	08:00AM	12:00PM	01:00PM	05:00PM
				Wed	08:00AM	12:00PM	01:00PM	05:00PM
				Thu	08:00AM	12:00PM	01:00PM	05:00PM
				Fri	08:00AM	12:00PM	01:00PM	05:00PM

Thanks for updating your claim.

Your newly requested absence day(s)/times have been successfully added to your existing claim. Prudential Claim #:11389599

The final screen confirms that your newly request absence(s) have been successfully added to your existing claim.

Proof of Good Health or Evidence of Insurability

Health Statement Status Tracker

If you requested new or additional coverage that requires Proof of Good Health or Evidence of Insurability, you can view the status of your health statement online by selecting *Proof of Good Health OR Evidence of Insurability (whichever applies)* from the navigation tab. You will be presented information for your health statement which includes the Status, along with any requested or received information. **You will be able to view information like the application status along with the date it was submitted, details about the health statement, and details about any outstanding requirements along with the dates they were requested and/or received.**

Any missing information that is required will be presented on this page. If you have missing health statement information that you must provide, you will have the ability to provide that information online via the Provide My Missing Information link. If you have Additional Health Questions that are required, you will have the ability to upload the Long Form online. In addition, if you wish to Appeal a decision on your health statement, you will have the ability to upload your Appeal Documentation online.

Health Statement Documents can be viewed online when available, by clicking the View Document link.

The screenshot shows the Prudential website's navigation bar with tabs for BENEFITS OVERVIEW, CLAIMS AND ABSENCE, GROUP UNIVERSAL LIFE, and PROOF OF GOOD HEALTH. The user is logged in as 'Hi, Sam'. The main content area is titled 'PROOF OF GOOD HEALTH' and shows details for Sam Smith (Employer: XYZ Company, As of Feb 01, 2018). The year 2017 is selected. The coverage type is Life, submitted on Nov 10, 2017, with a status of Pending. A progress bar shows four steps: 1. Health Statement Received (completed), 2. Information Review (current step), 3. Medical Review, and 4. Decision. A 'Requested Information' box for Dec 31, 1969 lists missing height and weight, with a link to 'Provide My Missing Information'. A note states: 'You have 45 days from the Date of Request to provide the missing information, otherwise your coverage request will be closed due to the lack of information'. A 'Nov 10, 2017' section includes a 'Missing Information Letter' and a 'View Document' link.


When the Provide My Missing Information link is clicked, you will be presented with Missing Information page. This page will provide the information that we require from you (for example: Height, Weight or a health question that was not answered).

Prudential OVERVIEW ABSENCE LIFE HEALTH Hi, Sam Logout


Proof of Good Health > Missing Information

Missing Information

Please provide us with your missing information here.

Height 

Select Feet Select Inches

Weight 

Pounds

Save & Continue

Once the Missing Information is provided and submitted, you can Print or Save a copy of your submission. In addition, the missing information you submitted will be available to view on the Proof of Good Health or Evidence of Insurability page.

If Additional Health Questions (Long Form) or Appeal Documentation has been provided online, this information that was uploaded will be available to view on the Proof of Good Health or Evidence of Insurability page.


When the Upload My Long Form link or Upload My Appeal Documentation is clicked, you will be presented with the Upload Documents page. This page will allow the user to upload their Long Form Health Statement or Appeal Documentation.

Prudential BENEFITS OVERVIEW CLAIMS AND ABSENCE GROUP UNIVERSAL LIFE EVIDENCE OF INSURABILITY Change Password Contact Us Forms Hi, Jamie Logout

Proof of Good Health > Upload Document

Upload Document

Please provide us with your documents here.

Upload document 

Save & Continue

Group Universal Life

Manage your Group Universal Life/Group Variable Universal Life

If you are enrolled in Group Universal Life or Group Variable Universal Life, click the *Group Universal Life* navigation tab. This information will open in a new window.

Prudential Change Password | Close

PRUDENTIAL GROUP INSURANCE

Account Summary | Participant Details | Coverage Details | Beneficiary Details | Fund (Cash Value) Details | Changes/Transactions

To Contact Customer Service, please call 1-800-562-9874

Account Summary

Plan Name: XYZ Company - GUL

Participant Summary [Click here for more detail](#)

Name	Mary Jones
Address	123 First Street Apartment B Springfield, New Jersey 99999
Email Address	mary.jones@email.com

Coverage Summary [Click here for more detail](#)

Coverage Type	Coverage Amount	Death Benefit**
Group Universal Life	\$500,000.00	\$522,186.06
Dependent Child Life	\$20,000.00	\$20,000.00

Beneficiary Summary [Click here for more detail](#)

Name	Type	Percent
David Jones	Primary	100%
Billy Jones	Contingent	100%

Fund (Cash Value) Summary [Click here for more detail](#)

Fund Name	Fund Balance*
Prudential Fixed Account	\$22,186.06
Total	\$22,186.06

* Fund Balance is net of any outstanding loans.
 * Please note that your Fund Balance may reflect cost of insurance that has not been withdrawn during the reporting period. Although this cost of insurance (COI) may reduce the Death Benefit, it will not be withdrawn in the current period and there is no impact on the fixed account interest or fund performance.
 **Death Benefit is net of any premium due.

Group Universal Life is underwritten by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. The Prudential Insurance Company of America is a Prudential Financial company.

This is intended to be a summary of your benefits and does not include all plan provisions, exclusions, and limitations. Contract Series 96945 or 83500.

Use this section to view your current coverage amount, including any fund balance you may have, view or designate beneficiaries, or perform fund transactions such as setting up or changing your monthly contribution, request a load or withdrawal from your fund balance. Or, for GVUL, change your fund allocations.

Forms

Download Important Forms

For easy access to useful forms, click *Forms* in the header section of any of the pages once you are logged in. You will be provided with a categorized list of available forms. Simply click the buttons to expand and collapse each section.

Prudential Workplace Benefits Profile Contact Us Log Out

Benefits Claims & Absence Beneficiaries Proof of Good Health **Forms** Group Universal Life

Forms

You will need Adobe Acrobat Reader in order to open these forms, if needed this software can be downloaded [here](#).

- > Voluntary Claims
- ▼ Life Claims
 - [Accident Claim Form](#)
 - [Accident EFT Form](#)
 - [Critical Illness Claim Form](#)
 - [Critical Illness EFT Form](#)
- > Disability Claims

If you click on a form link, it will open in Adobe PDF format allowing you to save and print.



Group Disability Insurance
Address Verification

1. Claimant Information

Social Security Number - -

Primary Phone Number - -

First Name

Last Name Suffix

Street Address

Employer Name District Number

We would like to verify your current address for our records. Please complete the information below and return this form to our office at the address below.

2. Current Residence Address

Residence Address - Line 1

Residence Address - Line 2

City State Zip Code -

3. Current Mailing Address (if different)

Mailing Address - Line 1

Mailing Address - Line 2

City State Zip Code -

4. Employee Signature

X _____ / /

Employee Signature Date Signed

Claims and Absence

Tax Statements

When you click on *Tax Statements* from the *Claims and Absence Navigation tab*, you will have the ability to download and view your *Tax Statements (when available)*. You can select the *Tax Year* from the drop-down menu and then click the *Generate Tax Statement* button. If a statement is available, click the form link to open the document in Adobe PDF format allowing you to save and print. If a statement is not available, the button will indicate the Statement for the year selected in *Unavailable*.

Request a Tax Statement:

Prudential Workplace Benefits Profile Contact Us Log Out

Benefits Claims & Absence Beneficiaries Proof of Good Health Forms Group Universal Life

Tax statements

You will need Adobe Acrobat Reader in order to open these forms, if needed this software can be downloaded [here](#).

Select Tax Year

2017

Generate Tax Statement

Tax Statement is Displayed:

Prudential | Absence | Universal Life | Good Health

File a Claim / Report an Absence | Claims Status | Claims History | **Tax Statements**

Tax statements

You will need Adobe Acrobat Reader in order to open these Tax statements, if needed this software can be downloaded [here](#).

Select Tax Year

2017

Generate Tax Statement

Wage and Tax Statement

51526

Control Number : 51526 Customer Service Number : 1-866-648-2225

Tax Statement is not Available:

Prudential | Workplace Benefits | Profile | Contact Us | Log Out

Benefits | Claims & Absence | Beneficiaries | Proof of Good Health | Forms | Group Universal Life

Tax statements

You will need Adobe Acrobat Reader in order to open these forms, if needed this software can be downloaded [here](#).

Select Tax Year

2016

Statement for 2016 is Unavailable
