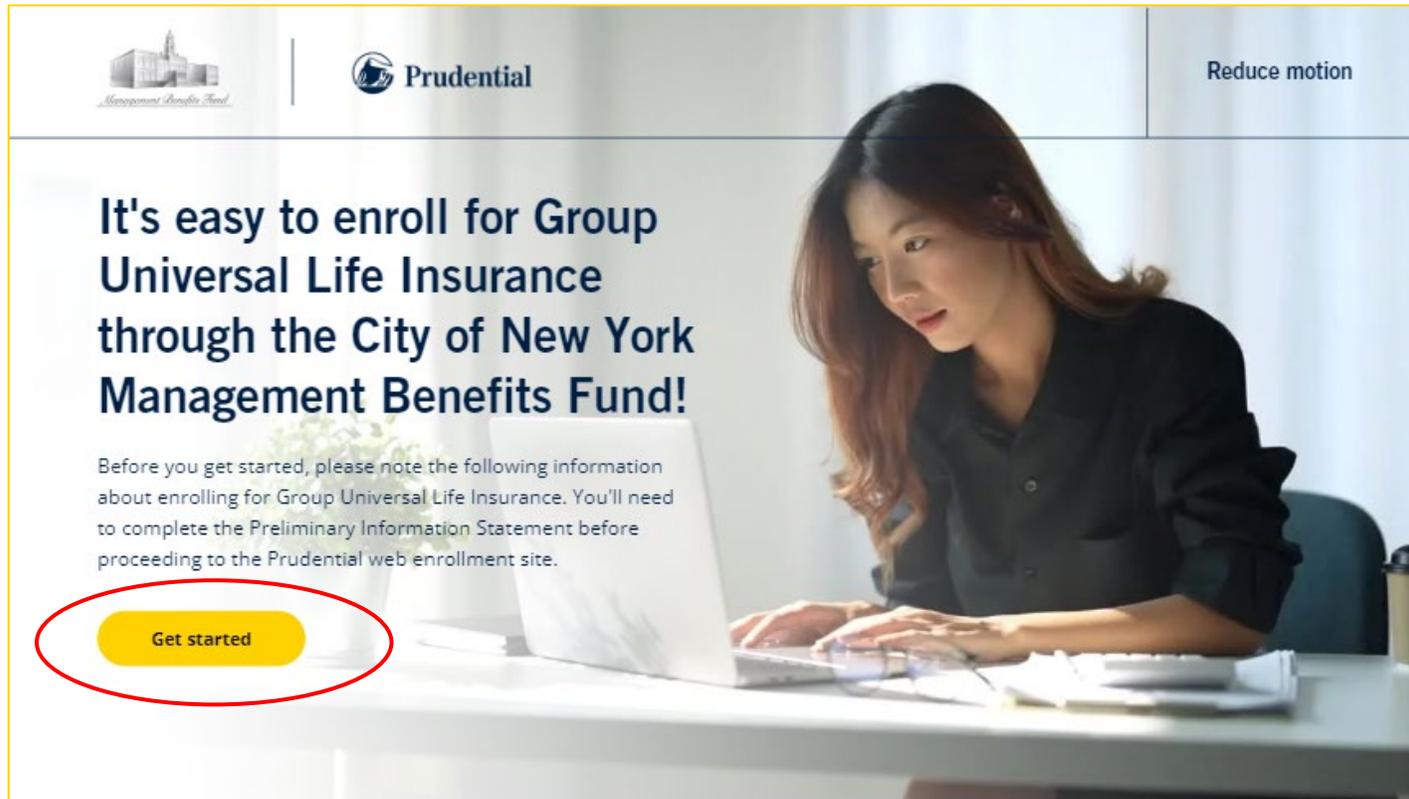


# City of New York Management Benefits Fund New MBF member Group Universal Life (GUL) Web Enrollment User Guide



# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)

- ✓ You must receive a letter from Prudential before you can log in.
- ✓ Type in the web browser <https://view.ceros.com/prudential/conymbf>
- ✓ To begin with the first step, click “Get started” (bottom of screen).



# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)



- ✓ Click on “Preliminary Statement of Certificate Cost Form”

Clicking the button or picture of document will open the form.

**Step 1**

## Preliminary Statement of Certificate Cost

Please read, print, and sign the Preliminary Statement of Certificate Cost form.

**Preliminary Statement of Certificate Cost Form**

Email your signed form to Prudential.

**Email form**

Read the [Life Insurance Buyer's Guide](#) to help decide what kind of life insurance policy you need.

**TIPS**

Prudential

The Prudential Life Insurance Company of America  
70 Broad Street, Newark, New Jersey 07102-3400 | 800-542-9874

Proposed Cover Form: Accumulation CDVLT Insured Issue Age: 38 Gender: M

BASE CERTIFICATE	Description	Initial Face Amount of F.D.R.	Death Benefit (plus Amount of Certificate Face)	Initial Annual Premium
F.D.R. is a group flexible premium universal life insurance policy that covers the life of one member. The death benefit is payable upon the death of the member.		\$300,000	\$2,000	\$2,200

The purpose of this Preliminary Statement of Certificate Cost and the Buyer's Guide is to provide information which will help you decide how much life insurance you may want or should buy. The information is to help you select the most appropriate plan of insurance for your needs, improve your understanding of the most basic features of the certificate which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of various plans of insurance. This Preliminary Statement of Certificate Cost shows the performance of the Cash Accumulation Fund.

Year	Age	Premium	Guaranteed Results Based on		Non-Guaranteed Results Based on		
			Minimum Interest Rate of 4.00% & Maximum Charges	Median Interest Rate of 4.00% & Median Charges	Current Interest Rate of 4.00% & Current Charges	Current Interest Rate of 4.00% & Current Charges	
1	40	2,200	0	0	300,000	2,017	302,017
2	41	2,237	0	0	302,755	4,211	306,966
3	42	2,283	0	0	305,495	6,425	309,923
4	43	2,333	0	0	308,243	8,656	309,670
5	44	2,387	0	0	309,992	10,899	309,992
10	49	2,574	0	0	307,793	24,342	304,442
20	59	3,444	0	0	300,061	38,939	289,992
30	69	5,105	0	0	157,911	45,731	157,911
40	79	10,548	0	0	0	208,769	158,769
50	89	21,090	0	0	0	479,043	379,043

Coverage will terminate: Year 1, Age 40; Year 27, Age 68; Year 61, Age 100\*

\* At age 100, the death benefit will be equal to the cash value. At that time, the face amount of life insurance ends, the monthly expense charges for the cost of insurance will no longer be required and Prudential will no longer accept premium. Moreover, any additional premiums that may have been paid of the Universal Life Coverage will also end.

GL-2022-1AT BA-08-2022 (Prudential Member's) Copy 002474

\*Premiums for non-current ages, 60000 and average face amount under the plan.

# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)



✓ Print the form by clicking on the printer image

Print the form.

**Prudential** Preliminary Statement of Certificate Cost

The Prudential Life Insurance Company of America  
751 Broad Street, Newark, New Jersey 07102 telephone 800-562-9874

Proposed Covered Person Representative CONY Insured<sup>1</sup> Issue Age 39 Gender M

**BASE CERTIFICATE** **Death Benefit (Face Amount + Certificate Fund)**

Description	Initial Face Amount of Life Insurance	Optional Additional Annual Premium	Initial Annual Premium
GUL is a group flexible premium universal life insurance policy that covers the life of one member. The death benefit is payable upon the death of the member.	\$300,000	\$2,000	\$2,200

The purpose of this Preliminary Statement of Certificate Cost and the Buyer's Guide is to provide information which will help you decide how much life insurance you may need or should buy. The information is to help you select the most appropriate plan of insurance for your needs, improve your understanding of the most basic features of the certificate which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar plans of insurance. **This Preliminary Statement of Certificate Cost shows the performance of the Cash Accumulation Fund.**

# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)



✓ Read and complete the bottom of the second page of the form

**Prudential** **Preliminary Statement of Certificate Cost**

The Prudential Life Insurance Company of America  
751 Broad Street, Newark, New Jersey 07102 telephone 800-562-9874

Proposed Covered Person Representative CONY Insured<sup>1</sup> Issue Age 39 Gender M

**BASE CERTIFICATE** **Death Benefit (Face Amount + Certificate Fund)**

Description	Initial Face Amount of Life Insurance	Optional Additional Annual Premium	Initial Annual Premium
GUL is a group flexible premium universal life insurance policy that covers the life of one member. The death benefit is payable upon the death of the member.	\$300,000	\$2,000	\$2,200

The purpose of this Preliminary Statement of Certificate Cost and the Buyer's Guide is to provide information which will help you decide how much life insurance you may need or should buy. The information is to help you select the most appropriate plan of insurance for your needs, improve your understanding of the most basic features of the certificate which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar plans of insurance. **This Preliminary Statement of Certificate Cost shows the performance of the Cash Accumulation Fund.**

Year	Age	Premium	Guaranteed Results Based on		Non-Guaranteed Results Based on			
			Cash Value	Death Benefit	Minimum Interest Rate of 4.00% & Maximum Charges	Median Interest Rate of 4.00% & Median Charges	Current Interest Rate of 4.00% & Current Charges	
1	40	2,200	0	0	866	300,866	2,027	302,027
2	41	2,257	0	0	1,705	301,705	4,131	304,131
3	42	2,263	0	0	2,495	302,495	6,325	306,325
4	43	2,263	0	0	3,243	303,243	8,606	308,606
5	44	2,263	0	0	3,992	303,992	10,979	310,979
10	49	2,374	0	0	7,793	307,793	24,342	324,342
26	65	3,484	0	0	61	300,061	89,979	389,979
36	75	5,105	0	0	0	0	157,911	457,911
46	85	10,548	0	0	0	0	258,783	558,783
56	95	21,090	0	0	0	0	409,654	709,654

Coverage will terminate: Year 1, Age 40 Year 27, Age 66 Year 61, Age 100\*

\* At age 100, the death benefit will be equal to the cash value. At that time, the face amount of life insurance ends, the monthly expense charges for the cost of insurance will no longer be required and Prudential will no longer accept premium. Moreover, any additional provisions that may have been part of the Universal Life Coverage will also end.

GL 2022.147 Ed. 08/2022 [Prudential/Member's] Copy 0024768

<sup>1</sup> Represents the most common age, gender and average face amount under the plan.

	10 <sup>th</sup> Year*	20 <sup>th</sup> Year*
Life Insurance Net Payment Cost Comparison Index at 5%	#N/A	#N/A
Life Insurance Surrender Cost Comparison Index at 5%	#N/A	#N/A

\* Values will only be shown for durations during the premium paying period. The Cost Comparison Indexes are calculated using the minimum interest rate of 4% and maximum charges.

An explanation of intended use of these indexes is provided in the Life Insurance Buyer's Guide. The description of the coverage is general. A complete statement of coverage is found only in the certificate.

For GUL, the current effective annual loan interest rate is 5.5% through 12/31/2023. The effective annual rate is set on 1/1/2023. The current loan interest rate is guaranteed to be no more than the Cash Accumulation Fund interest rate plus 1.50%. Loan interest accrues daily and is payable in arrears on the earlier of the group contract anniversary and when you make a loan repayment.

**Please Note:** When the certificate is issued, you will be given a complete Certificate Summary, including cost data, which will be based on the benefits and premium of the certificate as issued, and that, following the receipt of the certificate and the Certificate Summary, there will be a period of not less than 30 days within which the member may return the certificate for an unconditional refund of the premium paid.

If it is impractical to provide any of the above items prior to the enrollment, they may be estimated in good faith or furnished as soon thereafter as practical prior to the delivery of the certificate. However, no enrollment shall be prevented or delayed because of any missing information on this form.

If you have any questions about this Preliminary Statement of Certificate Cost, please call 800-562-9874 or you may send written questions to Prudential Financial, PO Box 8769, Philadelphia, PA 19176.

Time Period of this Preliminary Statement of Certificate Cost: 1/1/2023 through 12/31/2023

I have received a copy of this statement and understand the cash surrender values and death benefits based upon the current and median cost factors are not guaranteed and that any changes in the company's interest earnings, expenses or claim experience may result in lower or higher premium payments or lower or higher certificate benefits.

Please sign below and return Prudential's Copy with your enrollment forms in the enclosed pre-paid return envelope. The Member's Copy is for you to keep in your records.

Signature of Member: \_\_\_\_\_

Print Name of Member: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

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Sign and print your name

Provide your address and date of birth



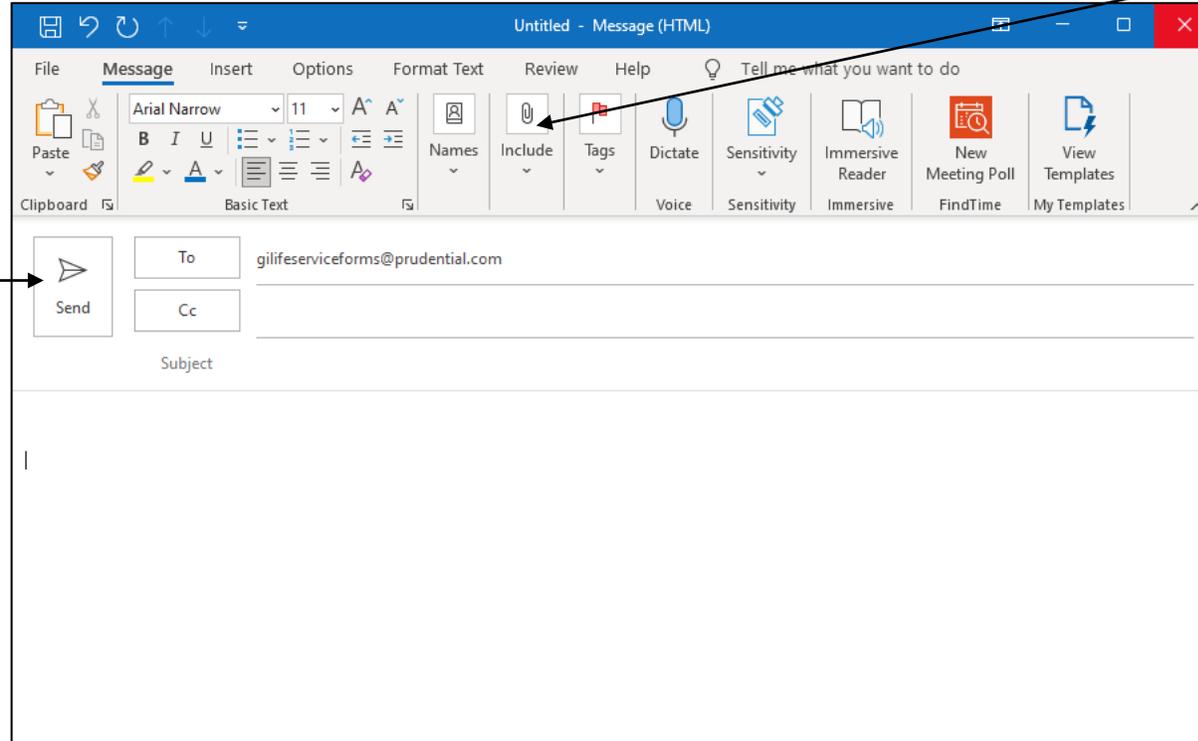
# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)



- ✓ Attach your signed form and send to Prudential

Attach your signed form

After attaching the completed form click 'send'.



**The completed form may also be sent to Prudential via fax or mail.**

The Prudential Insurance Company of America  
GUL-GVUL Customer Service Division  
PO Box 8769  
Philadelphia, PA 19176

Fax: (800) 764-1469

# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)



- ✓ After completing “Step 1” it is time to enroll. Click on “Step 2”

**Step 1**

**Step 2**

## Preliminary Statement of Certificate Cost

Please read, print, and sign the Preliminary Statement of Certificate Cost form.

**Preliminary Statement of Certificate Cost Form**

Email your signed form to Prudential.

**Email form**

**TIPS** Read the [Life Insurance Buyer's Guide](#) to help decide what kind of life insurance policy you need.

**Prudential** Preliminary Statement of Certificate Cost

The Prudential Life Insurance Company of America  
70 Broad Street, Newark, New Jersey 07102-3400 Phone: 800-542-9874

Proposed Cover Person: XXXXXXXXXX, XXXXX Issue Age: 38 Gender: M

BASE CERTIFICATE	Description	Initial Face Amount of Life Insurance	Optional Additional Amount	Initial Annual Premium
Full	As a group health premium assumed life insurance policy that covers the life of one member. The death benefit is payable upon the death of the member.	\$300,000	\$2,000	\$2,200

The purpose of this Preliminary Statement of Certificate Cost and the Buyer's Guide is to provide information which will help you decide how much life insurance you may want or should buy. The information is to help you select the most appropriate plan of insurance for your needs, improve your understanding of the most basic features of the certificate which has been purchased or which is under consideration, and improve your ability to evaluate the relative costs of similar plans of insurance. This Preliminary Statement of Certificate Cost shows the performance of the Cash Accumulation Fund.

Year	Age	Premium	Guaranteed Results Based on		Non-Guaranteed Results Based on			
			Minimum Interest Rate of 4.00% & Maximum Charges	Median Interest Rate of 4.50% & Median Charges	Current Interest Rate of 4.40% & Current Charges	Current Interest Rate of 4.40% & Current Charges		
1	40	2,200	0	0	300,000	2,017	302,017	
2	41	2,237	0	0	3,702	303,702	4,211	304,211
3	42	2,283	0	0	7,405	307,405	8,525	306,525
4	43	2,339	0	0	1,143	310,343	8,406	308,606
5	44	2,402	0	0	3,900	310,900	30,879	310,979
10	49	2,574	0	0	7,791	307,791	24,342	314,442
20	59	3,444	0	0	64	300,064	38,939	310,999
30	69	5,105	0	0	0	0	137,911	407,911
40	79	10,548	0	0	0	0	208,769	308,769
50	89	21,090	0	0	0	0	470,043	270,043

Coverage will terminate: Year 1, Age 40; Year 27, Age 68; Year 61, Age 100\*

\* At age 100, the death benefit will be equal to the cash value. At that time, the face amount of life insurance ends, the monthly expense charges for the cost of insurance will no longer be required and Prudential will no longer accept premium. Moreover, any additional premiums that may have been paid of the Universal Life Coverage will also end.

GL-2022-1AT BA-08-2022 (Prudential Member's) Copy 002474

\*Premiums for non-current ages, 60,000 and average face amount under the plan.

# Log in for first-time user (If you are returning, skip to slide 13 for log in instructions.)



- ✓ Clicking “Enroll Today” will take you to the enrollment site. Continue reviewing each slide in this document for instructions how to log in and enroll in benefits.

**Step 1**

**Step 2**

**Help protect what matters most to you.**  
Enrolling is easy. Click on the "Enroll Today" button and follow the steps outlined in your letter.

**Enroll Today**



The image shows a smartphone displaying a Prudential enrollment screen. The screen features the Prudential logo at the top, a photo of a diverse family, and the text: "With your benefits you can help protect the ones you love:". Below this, there are three bullet points: "Be prepared for life's changes, with coverage that fits your needs.", "Enjoy added peace of mind and a sense of security.", and "Help protect the lifestyle you've built."



# Log in for first-time user

- ✓ You must receive a letter from Prudential before you can log in.
- ✓ Click on “Register Now” (bottom of screen)

Prudential

Contact Us

### Workplace benefits, at your fingertips

- ✓ File or update a claim
- ✓ Change beneficiaries
- ✓ Access your Group Universal Life / Group Variable Universal Life benefits

### Log In

Username

Username is case-sensitive.

Password

Log In

Forgot username or password?

First-time user? Register Now



# Log in for first-time user

For the first-time user:

- ✓ Enter the Control Number 0024768 or Company “City of New York Management Benefits Fund”

Prudential Workplace Benefits

Contact Us

## Register here

1 Start 2 My Info 3 Username

Please enter either:

Control number OR web access code \*

Control number OR web access code

OR

Company OR Association name \*

Company OR Association name

Cancel Next >



# Log in for first-time user

For the first-time user:

- ✓ Enter your date of birth and Social Security Number.

Prudential Workplace Benefits

[? Contact Us](#)

## Register here

Start **2** My Info 3 Username

Control number OR web access code

**24768 - City Of New York Management Benefits Fund**

Date of birth \*

Social Security Number: \*

[Back](#) [Next >](#)



# Already registered?

- ✓ Insert username and password
- ✓ Click Log in

**Workplace benefits, at your fingertips**

- ✓ File or update a claim
- ✓ Change beneficiaries
- ✓ Access your Group Universal Life / Group Variable Universal Life benefits

**Log In**

Username  
Username is case-sensitive.

Password

Log In

[Forgot username or password?](#)

**First-time user?** [Register Now](#)

# Log in



- ✓ Insert your Social Security Number
- ✓ Insert your Date of Birth
- ✓ Insert the Control Number 0024768
- ✓ You will be prompted to set up an account with a username and password for future access.

The screenshot shows a login form with the following fields and annotations:

- Employee Id:** An empty text box. A red arrow points to it from a box containing the text "Disregard – you must use SSN."
- or -**: A separator between the Employee Id and Social Security Number fields.
- Social Security Number:** Three empty boxes. A blue arrow points to them from a box containing the text "You must enter your SSN."
- Date of Birth:** Three boxes labeled "MM", "DD", and "YYY". A blue arrow points to them from a box containing the text "Enter your date of birth and control number (0024768):".
- Control Number:** A text box containing the value "0024768". A blue arrow points to it from the same box as the date of birth.
- Continue:** A blue button with white text.

If you need additional help, choose one the following at the top right of the enrollment page:



Phone - Live Chat - E-Mail - Schedule a Call

# Welcome Text



- ✓ After you have read the Welcome Text, click “Close” at top right

**Welcome to Benefits Enrollment!**

We are pleased to offer you valuable group insurance protection. This coverage can help you enjoy financial security-by helping to protect your lifestyle and those you love.

The coverage comes from a name you know and trust, The Prudential Insurance Company of America. Convenient, online enrollment is available 24/7 during our enrollment period.

This website contains specific information about the benefits available to you. Just look over your options, and use the sliding bar or arrows to choose the coverage that best suits your needs.

Please note that you have the option to enroll in either a salary-based multiple of earnings Group Universal Life plan or a flat incremental Group Universal Life plan. To enroll into the salary-based multiple of earnings plan, you are able to make that election on this portal. If you wish to enroll in the incremental plan, please access one of the forms linked below:

[New York Residents](#)  
[Residents of States Other Than New York](#)

Additionally, you will be able to designate beneficiaries for the coverages elected during your new hire enrollment window. Please note that the beneficiaries designated are only for GUL coverages elected during this enrollment and do not extend to other benefits.

**Additional Notes Regarding Dependent Coverage:**

- You must enroll your spouse/domestic partner with the Management Benefits Fund before selecting spouse/domestic partner coverage in the enrollment portal.
- Child coverage begins from 15 days and continues to age 26.

You may enroll for coverage and change selections throughout the enrollment period on-line. For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires Proof of Good Health, coverage may not be effective until evidence of insurability satisfactory to Prudential has been provided and you must be actively at work on the date of approval. Any election made outside of your new hire enrollment window will require Proof of Good Health.

Enrollment is fast, easy, and secure. Help is available by phone, chat, or e-mail. Check the icons at the top of each screen for details. Additionally, please refer to the [FAQs](#) for additional information regarding enrollment, cash accumulation fund (CAF), and additional features of your Group Universal Life plan.

Take a moment to consider your needs and sign up during your 90 day enrollment period. To confirm your new hire submission, review the 'My Enrollment Summary' hyperlink at the end of the enrollment process on this portal.

1020080-00001-00

Click to proceed with enrollment

# Ready to Enroll



- ✓ Click “Enroll Now” if you are ready to review and elect coverages

This reflects the number of days available to make an enrollment election.

**3**  
days left

You are not currently enrolled.  
Enrollment Period ends April 14 Midnight ET

**Enrollment is fast and simple!**

**Enroll Now**

- Review coverage and make selections.

**Learn More First**

- Access tools and information first.
- Then review coverage and make selections.

Click to proceed to enroll in coverage

**Optional** – Takes the member to the Education Center to review the Life Needs Calculator and FAQ



# Member Information

- ✓ Confirm your mailing address is accurate. Update as needed.
- ✓ Enter your email address.
- ✓ Click “Yes” or “No” for Spouse. Add spouse’s name and date of birth.
- ✓ Click “Yes” or “No” for Child. Enter the youngest child’s date of birth.
- ✓ Click “Yes” or “No” to indicate if you smoked or used another tobacco product (including cigars or chewing tobacco) or used any nicotine products (including patches, gum or e-cigarettes) within the past year.
- ✓ Click “Continue” to begin coverage election.

**Verify Profile: Andrew Aatest**

Country:

Address:

City:

State/Province:

Postal Code:  -

E-mail Address:

Confirm E-mail Address:

Gender:  Male  Female

Do you have a Spouse?  Yes  No

Spouse First Name:

Spouse Last Name:

Spouse Social Security Number:  -  -

Is your Spouse also employed by your employer?  Yes  No Date of Birth:  -  -

Do you have any Dependent Children?  Yes  No

How many Dependent Children do you have?  Youngest Child Date of Birth:  -  -

Have you smoked or used another tobacco product (including cigars or chewing tobacco) or used any nicotine products (including patches, gum or e-cigarettes) within the past year?  
 Yes  No

[Continue](#)

Click to continue to “My coverages” section.

# Education Center and Life Needs calculator



- ✓ Click on “Education Center” for additional plan details or educational material and “Life Needs” to adjust calculation of needed coverage

Prudential

16 days left

You are currently enrolled.  
Enrollment Period ends April 28 Midnight ET

**My Profile** Edit

Your Estimated Total Life Needs: \$0  
Your Current Coverage: \$708,000

**My Coverages** Total Cost: \$74.43

Employee Group Universal Life ⌵

\$708,000 benefit | \$68.62 BiWeekly |  Enroll

\*Monthly Cash Accumulation Fund Contribution \$

Child Optional Dependent Term Life ⌵

**My Beneficiaries** Beneficiary on file

Education Center Life Needs

Explore

Education Center Life Needs

Your Summary of Benefits

Your Summary of Benefits

Do I Have a Sound Financial Security Plan?

Close

Make sure you have the coverage you need.  
We have estimated your life insurance needs to be:

**\$0**

[Refine My Estimate](#) [Make My Selections](#) [Tell me more about how my estimated needs were calculated.](#)

Monthly Housing Costs:	\$7,337
Years to Cover Monthly Housing Costs:	1 years
Child Education Cost:	\$223,572
Number of Children:	1
Percentage of Expenses Covered by Spouse/eligible same-0% gender:	

You can review and adjust any of these or any other assumptions we may have used to develop this estimate by clicking the [Refine My Estimate](#) link. You can also learn more about all of the assumptions and information used to estimate your Life Needs by clicking the [Tell Me More about How My Needs Were Estimated](#) link.

# Electing coverage(s) – Group Universal Life Insurance



**My Profile** Edit

Your Estimated Total Life Needs: \$231,000  
Your Current Coverage: \$150,000

**My Coverages** Total Cost: \$158.76

Coverage Type	Benefit	Cost	Enroll
Member Group Universal Life	\$150,000 benefit	\$125.85	<input checked="" type="checkbox"/> Enroll
Spouse/Domestic Partner Group Universal Life	\$30,000 benefit	\$32.43	<input checked="" type="checkbox"/> Enroll
Dependent Child Coverage	\$20,000 benefit	\$0.48	<input checked="" type="checkbox"/> Enroll

\*Monthly Cash Accumulation Fund Contribution \$

Use sliding bar or arrow for coverage amount

Type in additional amount for Cash Accumulation Fund, if desired

Built in calculation estimate

Cost of insurance

Coverage amount and cost

To elect coverage: Check box for 'Enroll'

# Electing coverage(s) – Member Group Universal Life Insurance



**Your Current Coverage: \$200,000**

**My Coverages**

**Member Group Universal Life**

White = coverage available without EOI.

Blue = Evidence of Insurability is required (Short form initiated for member)

You will be prompted to provide health information for amounts higher than \$150,000. There are no health questions to answer for amounts up to \$150,000 .

Evidence of Insurability prompt

\*Monthly Cash Accumulation Fund Contribution \$ 0.00

For questions regarding the Cash Accumulation Fund (CAF) refer to the FAQ in the Education Center.

Member Group Universal Life	\$200,000 benefit	\$167.80	Enroll
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# Electing coverage(s) – Dependent Group Universal Life Insurance



**My Coverages**

**Spouse/Domestic Partner Group Universal Life** ⓘ

◀ [Progress Bar] ▶ ⓘ

**\$70,000 benefit**

**\$14.07**

**Enroll**

\*Monthly Cash Accumulation Fund Contribution \$

**Dependent Child Coverage** ⓘ

◀ [Progress Bar] ▶ ⓘ

**\$20,000 benefit**

**\$0.48**

**Enroll**

You will be prompted to provide health information for amounts higher than \$30,000. There are no health questions to answer for amounts up to \$30,000.

White = coverage available without EOI.

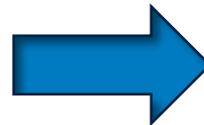
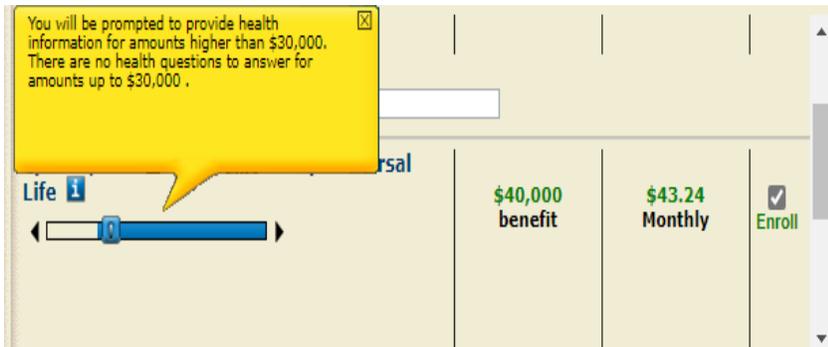
Blue = Evidence of Insurability is required (Short form initiated for spouse)

Evidence of Insurability is not required for Dependent Child Coverage



# EOI Short form (Group Universal Life)

- ✓ EOI Short form is prompted for any coverage requested over the Guaranteed Issue amount
  - ✓ If you elected coverage for yourself, that is over the Guaranteed Issue amount, you will be prompted to answer 2-3 questions\*.
  - ✓ If you elected coverage for your spouse, that is over the Guaranteed Issue amount, you may answer the 2-3 questions on their behalf too\*.
  - ✓ **FAILED SHORT FORM:** You will be prompted to answer a series of additional health questions\*.



### Basic Health Questions for John Public

Please answer these questions by checking "Yes" or "No". Note: In this section, "you" refers to the person for whom the insurance is being requested.

#### Life Coverage

1. Do you currently have any disorder, condition, or disease or are you currently taking prescription medication for any disorder, condition, or disease (other than: acid reflux; allergies; cold; cough; herniated disc; high cholesterol; nonrheumatoid arthritis; overactive or underactive thyroid; or pregnancy)?  Yes  No

2. In the last five years have you been diagnosed with, treated for, had any symptoms of, or been in a hospital or other facility for any of the following?  Yes  No

- Chest pain, heart disease or disorder, high blood pressure;
- Cancer, tumors;
- Respiratory disease or disorder of the lungs;
- Multiple sclerosis, epilepsy, seizure, stroke;
- Kidney, liver or pancreas disease or disorder;
- AIDS, AIDS-related complex;
- Diabetes;
- Mental or nervous disorder;
- Alcoholism, drug addiction;
- Chronic pain, rheumatoid arthritis, lupus; or
- Colitis, Crohn's disease, gastric bypass.

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

\*If you choose to skip this step to complete the additional health questions online, refer to instruction on slides 19 and 21 for alternate submission methods.

# Adding beneficiaries



- ✓ Click “My Beneficiaries” to expand Beneficiary designation section
  - ✓ Can add, delete, and update beneficiary information within the enrollment period.
  - ✓ Provide information for beneficiary or beneficiaries.

The screenshot shows the 'My Profile' page with the 'My Beneficiaries' section expanded. The 'My Beneficiaries' section is highlighted in blue and contains a 'Beneficiary on file' button. Below this section is a 'Continue' button. A blue arrow points from the 'Continue' button to the right-hand screenshot.

Review and/or update beneficiary here

Click to proceed with enrollment process

The screenshot shows the 'My Coverages' page with the 'My Beneficiaries' section expanded. The 'My Beneficiaries' section is highlighted in blue and contains a 'Beneficiary on file' button. Below this section is a 'Continue' button. A blue arrow points from the 'Continue' button to the right-hand screenshot.

Beneficiary applies to:  
 All Coverages  By Coverage

**Employee Group Universal Life** **Equal Shares**

MARY STRATTON  Primary  Secondary 100% [Edit](#) [Delete](#)

- Are your beneficiaries up to date? Click edit to make changes or delete to remove.
- To name more beneficiaries, click Add Another Beneficiary.
- When you are done naming all your beneficiaries, click Continue.



# Review your elections and cost

- ✓ Confirm the coverage amounts requested.
- ✓ Click “View” to read each notice and “check the box” that you have read each notice and disclosure.
- ✓ Click “Accept” to input your electronic signature.
- ✓ Click “Submit” to proceed to last step in enrollment process.

\*Member can edit their profile information, coverage(s), or beneficiaries by clicking “edit”

\*Must select “I have read the above notices” or “I agree” under each accordion to proceed to electronic signature

### Preview

▶ My Profile Edit

▼ My Coverages Edit

Total Cost: \$158.76

Coverage	Benefit	Deduction
Member Group Universal Life	\$150,000	\$125.85 Monthly
Spouse/Domestic Partner Group Universal Life	\$30,000	\$32.43 Monthly
Dependent Child Coverage	\$20,000	\$0.48 Monthly

▶ My Beneficiaries Edit

### Just one more step!

To complete your enrollment, please view and accept the notice(s) below. When you're done, click Submit.

View Enrollment Notices

Accept Electronic Signature

Please note that by enrolling for coverage on this website, you have authorized payment to be made through payroll deductions.

Submit

### Enrollment Notices

Close

▼ Fraud Warnings VIEWED

**Important Notice: For residents of all states except Alabama, Arkansas, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington: WARNING** - Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**ALABAMA RESIDENTS** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**KENTUCKY RESIDENTS** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent

I have read the above notices

▼ State Notices VIEWED

# Enrollment confirmation example when all elections are approved – no further action required



“My Summary” indicates the coverages selected are approved.

To print or email information, check box next to “My Enrollment Summary”.

Click “Print” or “Email”. If emailing, you will be prompted to enter an email address.

**Congratulations Andrew Aatest, You have enrolled!**

**My Summary**  
You are approved for the coverages you selected.

Check the item(s) below to print or e-mail copies for your records.

**My Enrollment Summary**

**Print** **E-mail**

Adobe Acrobat Reader

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Refer to the plan booklet for details.

# Enrollment Summary Example



The Enrollment Summary is confirmation that the enrollment has been submitted. Benefit amounts are approved. No further action needed.

 Printed on 06/23/2022

### My Enrollment Summary

#### My Profile

Name: Andrew Asatest  
Address: 123 Member Street  
City: New York  
State/Province: New York  
Country: United States  
Postal Code: 10006  
E-mail Address:

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#### My Coverage

Coverage Type	Coverage Effective Date	Benefit	Rate Tier	Deduction (\$)	Status
Member Group Universal Life	09/01/2022	\$150,000		\$125.85	Approved
Spouse/Domestic Partner Group Universal Life	09/01/2022	\$30,000		\$32.43	Approved
Dependent Child Coverage	09/01/2022	\$20,000		\$0.48	Approved

**Additional Information:**  
Employee Monthly Cash Accumulation Fund Contribution: **\$0.00**  
Spouse Monthly Cash Accumulation Fund Contribution: **\$0.00**

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#### My Beneficiaries

You Selected Preference Beneficiary

# Enrollment confirmation example when one or more coverage selections requires health questions – action is required



Scenario: Colin Aatest is the member who is electing benefits for himself and his spouse Teresa. In this example, both are required to answer health questions.

“My Summary” indicates one or more of coverages selected requires health questions to be answered.

To print or email information, check box next to the item(s)

Click “Print” or “Email”. If emailing, you will be prompted to enter an email address.

**Congratulations Colin Aatest, You have enrolled!**

**My Summary.**

One or more of your coverage selections requires answers to some health questions. You are approved for the coverages that did not require health information. See your Enrollment Summary below for details.

You chose not to complete the health statement for Teresa. Below you can email or print a paper form to be completed and returned to Prudential via fax or postal mail.

Check the item(s) below to print or e-mail copies for your records.

- [My Enrollment Summary](#)
- [My Basic Health Statement](#)
- [My Additional Health Questions](#)
- [Health Statement for Teresa \(Teresa should complete this form\)](#)

**Print**   **@ E-mail**

Adobe Acrobat Reader

# Enrollment Summary With Pending Amount Example



The Enrollment Summary is confirmation that the enrollment has been submitted and there are benefit amounts pending while awaiting receipt of medical evidence. Action required: Answer additional health questions

Scenario: Colin and his spouse need to answer additional health questions.

Printed on 07/20/2022

### My Enrollment Summary

#### My Profile

**Name:** Colin Aaatest  
**Address:** 2101 Welsh Road  
**City:** Dresher  
**State/Province:** Pennsylvania  
**Country:** United States  
**Postal Code:** 19025  
**E-mail Address:**

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#### My Coverage

Coverage Type	Coverage Effective Date	Benefit	Rate Tier	Monthly Deduction (\$)	Status
Member Group Universal Life	09/01/2022	\$150,000		\$10.65	Approved
Member Group Universal Life		\$50,000*		\$3.55	Pending
Spouse/Domestic Partner Group Universal Life	09/01/2022	\$30,000		\$2.49	Approved
Spouse/Domestic Partner Group Universal Life		\$20,000*		\$1.66	Pending

**Additional Information:**  
Employee Monthly Cash Accumulation Fund Contribution: **\$0.00**  
Spouse Monthly Cash Accumulation Fund Contribution: **\$0.00**

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#### My Beneficiaries

No beneficiary on file

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GL.2017.011

\*Pending amounts will become effective upon receipt of medical evidence satisfactory to Prudential.



# Additional Health Questions

Scenario: The 'My Additional Health Questions' and 'Health Statement for Teresa' was printed, filled out and sent to The Prudential Insurance Company of America.

- ✓ Send completed Evidence of Insurability forms by fax or mail.

Fax: 877-605-6671

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

**Congratulations Colin Aaatest, You have enrolled!**

**My Summary.**

One or more of your coverage selections requires answers to some health questions. You are approved for the coverages that did not require health information. See your Enrollment Summary below for details.

You chose not to complete the health statement for Teresa . Below you can email or print a paper form to be completed and returned to Prudential via fax or postal mail.

Check the Item(s) below to print or e-mail copies for your records.

- [My Enrollment Summary](#)
- [My Basic Health Statement](#)
- [My Additional Health Questions](#)
- [Health Statement for Teresa \(Teresa should complete this form\)](#)

**Print**   **E-mail**



**GROUP INSURANCE**

The Prudential Insurance Company of America

**Evidence of Insurability**

**Instructions for Employer/Association**

1. Complete the form below.
2. Also complete all sections of the form noted Part A including product related information as applicable to the plan(s) requiring medical evidence of insurability.
3. The entire package should then be given to your employee or member for completion of Part B.

In the space below, insert mailing address to which the notice of action should be sent.

Submitting Location: \_\_\_\_\_

Employer/Association Name & Address:  
**CITY OF NEW YORK, MANAGEMENT BENEFITS FUND**