

Enroll Now

Enroll when first eligible to get guaranteed coverage!



Protect Your Loved Ones—And Your Income

JACKSON COMMUNITY COLLEGE

All Employees

Optional Term Life Insurance
Dependent Term Life Insurance



WHAT'S INSIDE

Why you may need more life insurance.....	4
Why you should buy it at work.....	5
How much you may need.....	7
How much insurance can I buy?.....	8
How much it will cost.....	9
How to enroll.....	14

Plus, plan features and answers to common questions



Dear Valued Employee:

JACKSON COMMUNITY COLLEGE is very pleased to provide you with Basic Term Life and Basic Accidental Death & Dismemberment (AD&D) Insurance as employee benefits.

Because you may need additional coverage, we offer you an opportunity to purchase-- at competitive group rates--extra financial security, including:

Optional Term Life --For you.

Dependent Term Life --For your eligible spouse and children.

After careful review, we've selected a group plan issued by The Prudential Insurance Company of America--a name you know and trust. An insurance leader for over 130 years, they have high financial strength ratings from A.M. Best, Moody's, Standard & Poor's, and Fitch. With your family's future at stake, you owe it to them to consider the opportunity described in this kit.

Enrolling is easy!

Simply complete the attached Enrollment Form and return it. Don't miss out on this valuable employee benefit!

If you act NOW, you'll get guaranteed coverage.

If you enroll when first eligible, you're guaranteed a certain amount of coverage for yourself, your spouse, and each of your children.

Plus, you have the opportunity to purchase additional coverage for yourself when you provide evidence of good health satisfactory to Prudential. This evidence will include answering health questions and may include having a medical exam.

See the section "How much insurance can I buy?" for details.

If you act LATER, you will need to provide evidence of good health satisfactory to Prudential for any amount of coverage.

ENROLL NOW with the enclosed Enrollment Form!

"Why do I need life insurance?"

Life is full of pleasant surprises and, at the same time, life holds uncertainties. It's easier to plan for happy events you know will occur, and more difficult to plan for the unexpected--such as a death.

If you were no longer there to help support your family, how would they be able to...

- ✓ Pay off loans--credit cards, mortgage, and auto?
- ✓ Maintain their standard of living--utilities, food, clothing, and personal expenses?
- ✓ Provide for your children's future--tuition and weddings?
- ✓ Pay your final expenses--medical care, burial, estate settlement, and inheritance taxes?

A sufficient amount of life insurance can help your family financially recover from your loss during a stressful time.

"I already have life insurance--why do I need more?"

On average, households saying they need more insurance own enough life insurance to replace their income for 2.8 years, but thought they should have enough to cover six years of income. Twelve percent of households would immediately have trouble meeting everyday living expenses, and another 15 percent would have difficulty keeping up with expenses after several months.¹

You may be underinsured if your salary has increased since you last purchased insurance. Plus, when you consider new family responsibilities and inflation, the life insurance coverage you have now may not offer enough protection for your family.

"How can I help protect my loved ones?"

Buy life insurance at work. Your employer offers you the opportunity to purchase Optional Term Life Insurance issued by The Prudential Insurance Company of America.

As millions of Americans have discovered, insurance at group rates from Prudential is a smart choice.

¹ **Facts for Consumers From LIMRA International**
Life Insurance Awareness Month, September 2006.

"What are the advantages of buying life insurance at work?"

- ✓ **It's easy.** There are no confusing quotes to sort through. And with automatic payroll deductions, you never have to worry about late payments.
- ✓ **It's guaranteed.** If you enroll when first eligible, you may get a certain amount of coverage without having to answer any health questions or having a medical exam.
- ✓ **It's economical.** The cost of group insurance may be lower than insurance you could find on your own.
- ✓ **It's flexible.** You may choose the level of coverage that's right for you and your family.
- ✓ **It's convertible.** You and your family can convert your coverage to an individual Prudential insurance policy if you leave the company for any reason.

Read on to select the amount of insurance that's right for you!



Peace of Mind from Prudential

Prudential's resources, financial strength, and stability allow us to honor long-term commitments, which means that we'll be here when you and your family need us. We've been a top insurance provider for over 130 years and have received positive insurance claims paying ratings from A. M. Best (A+), Moody's (Aa3), Standard & Poor's (AA-), and Fitch (A+).*

Plus, we have the advanced technology and caring professionals to provide your beneficiaries with the kind of customer support they want and deserve. Our Customer Service Representatives are well-trained, knowledgeable professionals who can quickly answer your family's questions.

By choosing Prudential, you give yourself peace of mind, knowing you are providing for your loved ones.

For more information about Prudential's Group Insurance, visit us online at: www.prudential.com/gi.

* As of March 2009.

A.M. Best ratings range from A++ (Superior) to F (In Liquidation). Moody's ratings range from Aaa (Exceptional) to C (Lowest Rated). Standard & Poor's ratings range from AAA (Superior) to CCC (Extremely Vulnerable). Fitch ratings range from AAA (Negligible Risk Factors) to DD (Company Under Order of Liquidation).



The Booklet-Certificate

you will receive after your insurance becomes effective gives more details.

For your convenience,

visit our website to use an electronic life insurance needs calculator.

www.prudential.com/howmuchdoIneed

"What does group insurance offer my family?"

You get attractive premiums for yourself, your spouse, and each of your children. Plus, you'll get the special features mentioned below.

Accelerated Benefit Option - If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.

Prudential's Alliance Account^{®3} - This settlement option is a convenient way for beneficiaries to manage their benefit payout during a stressful time. Once a claim is approved, we establish an interest-bearing Alliance Account in the beneficiary's name. Beneficiaries can leave the money in the account to earn continuous interest, withdraw the entire amount immediately, or write drafts ("checks") against the balance.

Waiver of Premium - Payment of your premium can be waived if you meet all these conditions: 1) you are less than 60 years old when your disability begins, 2) you are totally disabled and unable to work for at least 9 continuous months, and 3) you continue to be totally disabled. The Waiver of Premium Benefit terminates at age 65. This provision may vary by state.

Conversion to Individual Insurance Coverage - Upon termination of employment, you may convert your coverage to a Prudential individual life insurance policy, without having to provide evidence of good health.

Portability of Group Insurance Coverage - Upon termination of employment, you may continue a certain level of your employee and dependent coverage, without having to provide evidence of good health.

³Open Solutions BIS, Inc. is the administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of the Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions BIS, Inc., JPMorgan Chase Bank, N.A., and Integrated Payment Systems, Inc. are not Prudential Financial companies.

"How much life insurance is enough?"

The right amount of insurance can help your family. It helps replace your income for a number of years to maintain their standard of living and pay for major financial obligations, such as home mortgage and college tuition.

The Consumer Federation of America (CFA, 1997) **recommends 6 to 8 times your income** for a married couple with children. While rules of thumb may be helpful, they do not take each individual's personal situation into consideration. This worksheet provides a simple method to estimate the amount of life insurance you may need.

Income Needs

1. **Your annual income.** (What your family would need if you die today.) Enter a number that's between 60–70% of your total income. 1. \$
2. **Annual replacement income.** (Available to your family after you die.) Enter a number that includes Social Security benefits, if applicable. 2. \$
3. **Total annual income to be replaced.** Subtract line 2 from line 1. 3. \$
4. **Funds needed to provide income for _____ years.** Choose the number of years your family needs your replacement income. Multiply line 3 by the appropriate factor below. 4. \$

10 yrs x 8.1	15 yrs x 11.1	20 yrs x 13.6	25 yrs x 15.6	30 yrs x 17.3	35 yrs x 18.7	40 yrs x 20.0
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Expenses

5. **Burial expenses.** (The average cost of an adult funeral is about \$10,000.) 5. \$
6. **Mortgage and other major debts.** Include mortgage, credit card debt, car loan, home equity loans, etc. 6. \$
7. **College costs.**[‡] (Current cost of a 4 year education: public—\$62,264; private—\$127,664.) Multiply the college costs by the appropriate factor, based on the number of years between now and when your child begins college. 7. \$

5 yrs x .82	10 yrs x .68	15 yrs x .56	20 yrs x .46
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Child 1: \$ _____ Child 3: \$ _____
 Child 2: \$ _____ Child 4: \$ _____

8. **Total capital required.** Add lines 4, 5, 6 and 7. 8. \$

Assets

9. **Savings and investments.** Include bank accounts, CDs, stocks, bonds, mutual funds, real estate/rental property, etc. 9. \$
10. **Retirement savings.** Include 401(k) plans, Keogh, pension and profit sharing plans. 10. \$
11. **Present amount of life insurance.** Include group insurance and personal insurance purchased on your own. 11. \$
12. **Total of all assets.** Add lines 9, 10 and 11. 12. \$
13. **Estimated amount of life insurance needed.** Subtract line 12 from line 8. 13. \$

† Inflation is assumed to be 4%. The rate of return on investments is assumed to be 8%.

‡ The College Board, **Trends in College Pricing 2005**. Costs include tuition, room, board, books and supplies, transportation, and other expenses.

"How much insurance can I buy?"

It's easy to customize coverage to fit your family's needs. Your salary determines the maximum coverage amount available to you. See the chart below for details.

Coverage Options	
EMPLOYEE	<ul style="list-style-type: none"> • Purchase coverage in increments of \$10,000 to \$500,000, not to exceed 5.0 times your covered annual earnings. • <u>New Hires:</u> Get up to \$200,000 - no medical questions asked - when enrolling when first eligible. • <u>Current Participants:</u> Your current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts. • <u>Current Employees who were denied coverage in the past or Late Entrants:</u> Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts. • Coverage will be reduced as you age - by 50% at age 70.
SPOUSE	<ul style="list-style-type: none"> • Purchase coverage for your spouse in increments of \$5,000 to \$250,000, not to exceed 50% of your Optional Term Life coverage amount. • <u>New Hires:</u> Get up to \$20,000- no medical questions asked - when enrolling when first eligible. • <u>Current Spouse Participants:</u> Your spouse's current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts. • <u>Current Employees whose spouse has been denied coverage in the past or Late Entrants:</u> Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts. • Coverage will be reduced as you age - by 50% at age 70.
CHILDREN	<ul style="list-style-type: none"> • Purchase coverage for your children in increments of \$2,000 to \$10,000, not to exceed 50% of your Optional Term Life coverage amount. There are no health requirements for this coverage. • Coverage begins from live birth, and continues to age 19, if unmarried. If unmarried, dependent on you and a full-time student, coverage continues to age 23.

"How much does life insurance cost?"

Use the grids below to find the cost of insurance for yourself, your spouse, and each of your children. These rates are effective 6/1/2009.

Optional Term Life - Employee Bi-Weekly Cost per Coverage Amount													
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
< 25	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77	\$3.05	\$3.32	\$3.60
25-29	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23	\$3.55	\$3.88	\$4.20
30-34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69	\$4.06	\$4.43	\$4.80
35-39	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62	\$5.08	\$5.54	\$6.00
40-44	\$0.74	\$1.48	\$2.22	\$2.95	\$3.69	\$4.43	\$5.17	\$5.91	\$6.65	\$7.38	\$8.12	\$8.86	\$9.60
45-49	\$1.15	\$2.31	\$3.46	\$4.62	\$5.77	\$6.92	\$8.08	\$9.23	\$10.38	\$11.54	\$12.69	\$13.85	\$15.00
50-54	\$2.22	\$4.43	\$6.65	\$8.86	\$11.08	\$13.29	\$15.51	\$17.72	\$19.94	\$22.15	\$24.37	\$26.58	\$28.80
55-59	\$4.02	\$8.03	\$12.05	\$16.06	\$20.08	\$24.09	\$28.11	\$32.12	\$36.14	\$40.15	\$44.17	\$48.18	\$52.20
60-64	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20
65-69	\$9.51	\$19.02	\$28.52	\$38.03	\$47.54	\$57.05	\$66.55	\$76.06	\$85.57	\$95.08	\$104.58	\$114.09	\$123.60
70+	\$19.06	\$38.12	\$57.18	\$76.25	\$95.31	\$114.37	\$133.43	\$152.49	\$171.55	\$190.62	\$209.68	\$228.74	\$247.80

Age	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
< 25	\$3.88	\$4.15	\$4.43	\$4.71	\$4.98	\$5.26	\$5.54	\$5.82	\$6.09	\$6.37	\$6.65	\$6.92	\$7.20
25-29	\$4.52	\$4.85	\$5.17	\$5.49	\$5.82	\$6.14	\$6.46	\$6.78	\$7.11	\$7.43	\$7.75	\$8.08	\$8.40
30-34	\$5.17	\$5.54	\$5.91	\$6.28	\$6.65	\$7.02	\$7.38	\$7.75	\$8.12	\$8.49	\$8.86	\$9.23	\$9.60
35-39	\$6.46	\$6.92	\$7.38	\$7.85	\$8.31	\$8.77	\$9.23	\$9.69	\$10.15	\$10.62	\$11.08	\$11.54	\$12.00
40-44	\$10.34	\$11.08	\$11.82	\$12.55	\$13.29	\$14.03	\$14.77	\$15.51	\$16.25	\$16.98	\$17.72	\$18.46	\$19.20
45-49	\$16.15	\$17.31	\$18.46	\$19.62	\$20.77	\$21.92	\$23.08	\$24.23	\$25.38	\$26.54	\$27.69	\$28.85	\$30.00
50-54	\$31.02	\$33.23	\$35.45	\$37.66	\$39.88	\$42.09	\$44.31	\$46.52	\$48.74	\$50.95	\$53.17	\$55.38	\$57.60
55-59	\$56.22	\$60.23	\$64.25	\$68.26	\$72.28	\$76.29	\$80.31	\$84.32	\$88.34	\$92.35	\$96.37	\$100.38	\$104.40
60-64	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40
65-69	\$133.11	\$142.62	\$152.12	\$161.63	\$171.14	\$180.65	\$190.15	\$199.66	\$209.17	\$218.68	\$228.18	\$237.69	\$247.20
70+	\$266.86	\$285.92	\$304.98	\$324.05	\$343.11	\$362.17	\$381.23	\$400.29	\$419.35	\$438.42	\$457.48	\$476.54	\$495.60

Age	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000
< 25	\$7.48	\$7.75	\$8.03	\$8.31	\$8.58	\$8.86	\$9.14	\$9.42	\$9.69	\$9.97	\$10.25	\$10.52
25-29	\$8.72	\$9.05	\$9.37	\$9.69	\$10.02	\$10.34	\$10.66	\$10.98	\$11.31	\$11.63	\$11.95	\$12.28
30-34	\$9.97	\$10.34	\$10.71	\$11.08	\$11.45	\$11.82	\$12.18	\$12.55	\$12.92	\$13.29	\$13.66	\$14.03
35-39	\$12.46	\$12.92	\$13.38	\$13.85	\$14.31	\$14.77	\$15.23	\$15.69	\$16.15	\$16.62	\$17.08	\$17.54
40-44	\$19.94	\$20.68	\$21.42	\$22.15	\$22.89	\$23.63	\$24.37	\$25.11	\$25.85	\$26.58	\$27.32	\$28.06
45-49	\$31.15	\$32.31	\$33.46	\$34.62	\$35.77	\$36.92	\$38.08	\$39.23	\$40.38	\$41.54	\$42.69	\$43.85
50-54	\$59.82	\$62.03	\$64.25	\$66.46	\$68.68	\$70.89	\$73.11	\$75.32	\$77.54	\$79.75	\$81.97	\$84.18
55-59	\$108.42	\$112.43	\$116.45	\$120.46	\$124.48	\$128.49	\$132.51	\$136.52	\$140.54	\$144.55	\$148.57	\$152.58
60-64	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20
65-69	\$256.71	\$266.22	\$275.72	\$285.23	\$294.74	\$304.25	\$313.75	\$323.26	\$332.77	\$342.28	\$351.78	\$361.29
70+	\$514.66	\$533.72	\$552.78	\$571.85	\$590.91	\$609.97	\$629.03	\$648.09	\$667.15	\$686.22	\$705.28	\$724.34

"How much it will cost" (continued from previous page)

Optional Term Life - Employee Bi-Weekly Cost per Coverage Amount												
Age	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
< 25	\$10.80	\$11.08	\$11.35	\$11.63	\$11.91	\$12.18	\$12.46	\$12.74	\$13.02	\$13.29	\$13.57	\$13.85
25-29	\$12.60	\$12.92	\$13.25	\$13.57	\$13.89	\$14.22	\$14.54	\$14.86	\$15.18	\$15.51	\$15.83	\$16.15
30-34	\$14.40	\$14.77	\$15.14	\$15.51	\$15.88	\$16.25	\$16.62	\$16.98	\$17.35	\$17.72	\$18.09	\$18.46
35-39	\$18.00	\$18.46	\$18.92	\$19.38	\$19.85	\$20.31	\$20.77	\$21.23	\$21.69	\$22.15	\$22.62	\$23.08
40-44	\$28.80	\$29.54	\$30.28	\$31.02	\$31.75	\$32.49	\$33.23	\$33.97	\$34.71	\$35.45	\$36.18	\$36.92
45-49	\$45.00	\$46.15	\$47.31	\$48.46	\$49.62	\$50.77	\$51.92	\$53.08	\$54.23	\$55.38	\$56.54	\$57.69
50-54	\$86.40	\$88.62	\$90.83	\$93.05	\$95.26	\$97.48	\$99.69	\$101.91	\$104.12	\$106.34	\$108.55	\$110.77
55-59	\$156.60	\$160.62	\$164.63	\$168.65	\$172.66	\$176.68	\$180.69	\$184.71	\$188.72	\$192.74	\$196.75	\$200.77
60-64	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00
65-69	\$370.80	\$380.31	\$389.82	\$399.32	\$408.83	\$418.34	\$427.85	\$437.35	\$446.86	\$456.37	\$465.88	\$475.38
70+	\$743.40	\$762.46	\$781.52	\$800.58	\$819.65	\$838.71	\$857.77	\$876.83	\$895.89	\$914.95	\$934.02	\$953.08

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Dependent Term Life - Spouse Bi-Weekly Cost per Coverage Amount													
Spouse rate is based on employee's age													
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000
< 25	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
25-29	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
30-34	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
35-39	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
40-44	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
45-49	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
50-54	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
55-59	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
60-64	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
65-69	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16
70+	\$0.86	\$1.72	\$2.58	\$3.43	\$4.29	\$5.15	\$6.01	\$6.87	\$7.73	\$8.58	\$9.44	\$10.30	\$11.16

Spouse rate is based on employee's age													
Age	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000
< 25	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
25-29	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
30-34	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
35-39	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
40-44	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
45-49	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
50-54	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
55-59	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
60-64	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
65-69	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32
70+	\$12.02	\$12.88	\$13.74	\$14.59	\$15.45	\$16.31	\$17.17	\$18.03	\$18.89	\$19.74	\$20.60	\$21.46	\$22.32

"How much it will cost" (continued from previous page)

Dependent Term Life - Spouse Bi-Weekly Cost per Coverage Amount

Spouse rate is based on employee's age

Age	\$135,000	\$140,000	\$145,000	\$150,000	\$155,000	\$160,000	\$165,000	\$170,000	\$175,000	\$180,000	\$185,000	\$190,000
< 25	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
25-29	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
30-34	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
35-39	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
40-44	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
45-49	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
50-54	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
55-59	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
60-64	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
65-69	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62
70+	\$23.18	\$24.04	\$24.90	\$25.75	\$26.61	\$27.47	\$28.33	\$29.19	\$30.05	\$30.90	\$31.76	\$32.62

Spouse rate is based on employee's age

Age	\$195,000	\$200,000	\$205,000	\$210,000	\$215,000	\$220,000	\$225,000	\$230,000	\$235,000	\$240,000	\$245,000	\$250,000
< 25	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
25-29	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
30-34	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
35-39	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
40-44	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
45-49	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
50-54	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
55-59	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
60-64	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
65-69	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92
70+	\$33.48	\$34.34	\$35.20	\$36.06	\$36.91	\$37.77	\$38.63	\$39.49	\$40.35	\$41.21	\$42.06	\$42.92

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Dependent Term Life - Children Bi-Weekly Cost per Coverage Amount

One premium rate covers all eligible children

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.09	\$0.18	\$0.27	\$0.36	\$0.45

Rates may change if plan experience requires a change for all insureds.

IMPORTANT NOTICE

A record of your beneficiary is required for
Basic Term Life Insurance, Basic AD&D Insurance, and Optional Term Life Insurance

"Who can answer my questions?"

Here are the answers to some common questions regarding these insurance coverages. **For additional information**, contact your Human Resources Department or Benefits Administrator.

"Does this plan pay Optional Term Life benefits in addition to my basic plan?"

Yes, this plan pays in addition to any Basic Term Life Insurance coverage offered by your employer.

"When can I enroll for life insurance coverage?"

The easiest way to enroll and guarantee a certain level of coverage is to sign up when first eligible. If you enroll at any other time or for more than the guaranteed coverage amount, you will need to provide evidence of good health satisfactory to Prudential.

"Can I drop this life insurance coverage at any time?"

Yes, subject to your employer's administrative policies.

"What is the difference between a primary and contingent beneficiary?"

Your primary beneficiary is the person you designate to receive your life insurance benefit when you die. You can name more than one primary beneficiary and assign a different percentage of your benefit to each, if you like. If you name a contingent beneficiary, that person will receive the life insurance benefit when you die only if all primary beneficiaries are not living at the time of your death. You can name more than one contingent beneficiary and assign different percentages to them, too.

"What if I want to change my beneficiary?"

Beneficiary Change Forms and related information may be obtained by contacting your Human Resources Department or Benefits Administrator.

"When is a medical exam required and who pays for it?"

A medical exam may be required if you elect more coverage than the guaranteed amount. We will pay the cost of any required medical exam when you are first eligible. Late entrants must pay for medical exams. Generally, medical exams are conducted by an examiner who is chosen by Prudential.





"When will coverage go into effect?"

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of your coverage. If you apply for an amount that requires evidence of good health, you must be actively at work on the date of approval for the amount requiring evidence of good health. If your dependents are confined for medical treatment at home or elsewhere, their coverage will begin when confinement ends. Refer to the Booklet-Certificate for details.

"Can I increase my coverage in the future?"

Yes, you can increase your coverage up to your plan's maximum coverage amount. However, evidence of good health satisfactory to Prudential will be required as previously noted.

"How can I enroll?"

To enroll, simply complete the Enrollment Form with Beneficiary Designations. Then, return it as instructed. After the date your group insurance becomes effective, you will receive a Booklet-Certificate that details your plan provisions.

Enroll when first eligible

Sign up for guaranteed coverage! And, apply for more to help give your family the protection they need.

Implementation of the insurance plan(s) will depend upon having a specific percentage of all eligible employees enrolling in the plan(s). In the event the minimum participation level is not met, Prudential retains the right to re-evaluate the rates, require a re-enrollment, reduce the rate guarantee period, or terminate coverage.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

All benefit features may not be available in all states.

Group Term Life coverage is issued by the Prudential Insurance Company of America, a **New Jersey Company**, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500. California COA # 1179 NAIC # 68241

3. Authorization

Yes No I am enrolling for insurance issued by The Prudential Insurance Company of America as indicated on the previous page and authorize my employer to deduct the required contribution from my paycheck. I certify that the information contained in this enrollment form is true and complete, and understand that my contribution is based on that information. I also understand that there are criminal and civil penalties for giving false information, including but not limited to fines and confinement in prison. Detailed and state-specific warnings appear below.

IMPORTANT NOTICE:

For residents of all states except Florida, New Jersey, New York, Pennsylvania, Utah, Virginia, Vermont 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.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

Employee Signature (Sign in ink.) _____ Date _____

MICHIGAN RESIDENTS ONLY: When enrolling for Spouse Dependent Term Life coverage and/or Child coverage (\$10,000 or more), the spouse and children must sign below to acknowledge consent for the coverage.

Spouse Signature (Sign in ink.) _____ Date _____

Children age 18 and over Signature (Sign in ink.) _____ Date _____

Refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. Basic Term Life, Optional Term Life and Dependent Term Life coverage(s) are issued by The Prudential Insurance Company of America. Contract provisions may vary by state. (Contract Series: 83500.)

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Please indicate your beneficiary designation(s) on the next page.

4. Employee Beneficiary Designations

Last Name	First Name	MI	Social Security Number
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I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the primary beneficiary(ies) will receive payment upon my death. If all primary beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies). If no beneficiary is named, or no beneficiary survives me, payment will be made according to the terms of the Group Contract. I can change my beneficiary in the future by completing a new Beneficiary Designation Section. Insurance proceeds from Dependent Term Life Insurance coverage will be paid to me.

Primary Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Primary Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		

*If more than one primary or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

Employee Signature (Sign in ink.) _____ Date _____

Refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. Basic Term Life, Optional Term Life and Dependent Term Life coverage(s) are issued by The Prudential Insurance Company of America. Contract provisions may vary by state. (Contract Series: 83500.)

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