



Please send the completed form and all attachments to:

The Prudential Insurance Company of America
Prudential/Group Life Conversions
PO Box 70180
Philadelphia, PA 19176

Notice of Group Life Conversion Privilege

In accordance with your Group Contract issued by the Prudential Insurance Company of America, you may convert the group life insurance amount noted below to an Individual contract. To convert your coverage, within 31 days after coverage termination you must:

1) submit a completed Conversion Application and this completed Notice of Group Life Conversion Privilege to:

Prudential, Group Life Conversions, PO Box 70180, Philadelphia, PA 19176 or via fax at 888-634-1118; and

2) pay the first premium.

To get a Conversion Application and information instantly, visit www.prudential.com/giconversions. Otherwise, to request a Conversion Application and information, visit any Prudential Financial branch office, or mail or fax this completed Notice of Group Life Conversion Privilege to Prudential at the address or fax number shown above.

To speak with a customer service professional, please call Prudential's toll-free service number at 877-889-2070.

Section 1: To Be Completed by Contract Holder. Includes fields for Policy No./Control No., Date of termination, Date of reduction of insurance, Claim Branch No., Date of termination of insurance if other than date of termination of employment, Was the employee disabled at the time of termination?, and If yes, please enter date of disability.

Section 2: Employee/Member Information. Includes fields for First Name, MI, Last Name, Social Security Number, Employee Gender, Date of Birth, Address 1, Address 2, City, State, and ZIP Code.

If you are not subject to Title VII of the Civil Rights Act, please check off this box. [ ]





## 2 Employee/Member Information (Cont'd.)

Amount of group life insurance (or amount of reduction) eligible for conversion:

### Employee

Basic  
\$

Optional  
\$

### Spouse

Social Security #

Basic  
\$

Optional  
\$

Claim Branch

### Dependent Child

Social Security #

Basic  
\$

Optional  
\$

Claim Branch

Amount of accidental death benefit insurance (or amount of reduction) eligible for conversion:

### Employee

Basic  
\$

Optional  
\$

### Spouse

Social Security #

Basic  
\$

Optional  
\$

### Dependent Child

Social Security #

Basic  
\$

Optional  
\$

## 3 Contract Holder

Contract Holder's Name

Address 1  
 Suite

Address 2

City  State  ZIP Code

Telephone Number    Extension

Signature of Contract Holder

X \_\_\_\_\_

Date (MM DD YYYY)

Signature of Employee

X \_\_\_\_\_

Date (MM DD YYYY)

Employee Term Life, Dependents Term Life, Employee Survivor Benefits Life, Group Universal Life and Group Variable Universal Life coverages are underwritten by the Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Contract Series: 83500. The Prudential Insurance Company of America is a Prudential Financial company. California COA #1179 NAIC # 68241.

