

Directions

Please complete, sign and return this form to:

Aon Insurance Services, Plan Agent
AICPA Group Insurance Trust, 159 E. County Line Rd., Hatboro, PA 19040-1218

or

Fax: 800-242-7248

If you have any questions, please call
one of our representatives at 1-800-223-7473.

Request to Transfer Group Elite Long Term Disability Insurance—Group Insurance Plan

How to request the transfer of coverage under the Group Insurance Plan

1. Complete the answers to the questions below and be sure to sign.
2. Please see the Administrative Manual for any questions regarding who may be covered.
3. Return the completed form to Aon Insurance Services, the Plan Agent.

Statements made requesting a transfer of insurance provided by The Prudential Insurance Company of America pursuant to the Group Insurance Plan of the AICPA Group Insurance Trust.

To be completed by acquiring firm

Salary as of Prior October 1st Account No. Elimination Period Benefit Level

Firm Name

Street Address City State ZIP Code

Is the Person transferring coverage a Proprietor or Partner? Yes No Date of Hire - -

To be completed by the person transferring coverage (please print all answers in ink.)

Name of the person transferring coverage:

First Name MI Last Name

Mailing Address

Street Address Apt. City State

ZIP Code Gender Male Female Social Security Number - -

Name of previous firm that employed you

Previous Certificate Number Date of Birth - -

Do you have over 6 months of service at your previous participating firm(s)? Yes No

Were you previously covered by a participating firm and did you start with the present firm within 62 days of your separation date from your prior Firm? (If "No", you are not eligible for transfer of coverage.) Yes No

I declare that to the best of my knowledge and belief all of the above answers to the questions are complete and true. I agree that the insurance that you are transferring to is subject to the policy terms and shall become effective on the date or dates established by the policy.

Signature: **X** _____ Date: _____

Coverage under the Group Insurance Plan is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. The Certificate of Coverage includes details, including policy exclusions, limitations, and restrictions which may apply. Contract series 83500.

Aon Insurance Services, is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK, AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency.