

Subject to the conversion privilege appearing in the Certificate of Coverage, you may convert your Group Life Insurance amount (or amount of reduction) to an individual contract by applying for the conversion and paying the first premium within the period of time described at the bottom of this page. Application for conversion may be made at any branch office of The Prudential Insurance Company of America, or you may mail this notice directly to Group Conversions, P.O. Box 70180, Philadelphia, PA, 19176, or fax it to (888) 634-1118. If you have questions, call us Toll Free at 1-877-889-2070. If you decide to visit a Prudential branch office, be sure to take your certificate and this notice with you.

To be completed by Contract Holder:

Policy No./Control No.

Claim Branch No.

Name of employee	Employee's Social Security No.	Employee's gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Employee's Annual Salary \$
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Address

City	State	ZIP Code
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<input type="checkbox"/> Date of termination of employment	<input type="checkbox"/> Date of termination of insurance if other than date of termination of employment	<input type="checkbox"/> Date of reduction of insurance (if applicable)
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Explanation

Amount of Group Life insurance (or amount of reduction) eligible for conversion: *(Please indicate in script and numeric)*

Employee	Dependent Child	Spouse
Basic \$ _____	Social Security # _____ - -	Social Security # _____ - -
Optional \$ _____	Basic \$ _____	Basic \$ _____
	Optional \$ _____	Optional \$ _____
	Claim branch _____	Claim branch _____

Amount of ADB insurance (or amount of reduction) eligible for conversion: *(Please indicate in script and numeric)*

Employee	Dependent Child	Spouse
Basic \$ _____	Social Security # _____ - -	Social Security # _____ - -
Optional \$ _____	Basic \$ _____	Basic \$ _____
	Optional \$ _____	Optional \$ _____
	Claim branch _____	Claim branch _____

Name of employer

Employer's address

Area code/Telephone No.

Signature of authorized employer representative _____ Date _____

X
Signature of employee _____ Date notice received _____

X

Conversion Privilege - When coverage terminates or is reduced, there is an option for converting such terminated or reduced coverage to an individual insurance policy within 31 days of the loss of coverage. However, if written notice of the conversion privilege is given more than 15 days but less than 90 days after coverage ceases, the application for conversion and first premium must be made within 45 days of first notice or if written notice of the conversion privilege has not been given within 90 days after coverage ceases, the time allotted to apply and pay the first premium ends at the end of 90 days.