

# **ENROLL NOW**

**Help Protect Your Loved Ones and Your Income**

**KNOX COLLEGE**  
**All employees**

**Basic Life**  
**Basic Accidental Death and Dismemberment**  
**Basic Dependent Life**  
**Optional Life**  
**Optional Accidental Death and Dismemberment**  
**Optional Dependent Life**  
**Optional Long Term Disability**

**The Prudential Insurance Company of America**

751 Broad Street, Newark, New Jersey 07102

# KNOX COLLEGE

## Insurance Benefit Summary

Dear Valued Employee:

KNOX COLLEGE is very pleased to provide you with the following Insurance as employee benefits at no cost to you.

**Basic Term Life Insurance 2.5 times your base annual earnings to a maximum of \$100,000.**

**Basic Accidental Death & Dismemberment (AD&D) Insurance 2.5 times your base annual earnings to a maximum of \$100,000.**

**Basic Dependent Term Life Insurance for your Spouse or Domestic Partner in the amount of \$2,000.**

**Basic Dependent Term Life Insurance for your child(ren) in the amount of \$2,000.**

Because you may need additional coverage, we offer you an opportunity to purchase optional coverage from The Prudential Insurance Company of America (Prudential) at competitive group rate. The pages that follow this letter describe the additional insurance that you may purchase.

Your coverage will begin on the effective date of coverage if you are actively at work. If you apply for an amount that requires evidence of good health, your coverage will be effective on the date of approval for the amount requiring evidence if you are actively at work on that date. Otherwise, your coverage will begin on the date you return to active work. See your Booklet-Certificate for details.

### Peace of Mind from Prudential

Prudential's resources, financial strength, and stability allow us to honor our long-term commitments. That means that we'll be here when you and your family need us. We've been a top insurance provider for over 130 years. 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 ([www.prudential.com](http://www.prudential.com)).

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

### Enrolling is easy!

Simply complete the following enrollment form and return it. Don't miss out on this valuable employee benefit!

## What does group life insurance offer my family?

The choices for coverage available to you include the following special features.

**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 the benefit payout which has been reduced by the amount you receive.

**Waiver of Premium** - Payment of your premium can be waived if you meet certain conditions. 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.

## How much Life Insurance do I need?

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. Please use our needs calculator to evaluate how much you & your family may need. You can find our calculator by visiting [www.prudential.com/howmuchdoinneed](http://www.prudential.com/howmuchdoinneed).

## What does disability insurance offer me?

### For Long Term Disability

**Zero Day Residual Provision** - You can satisfy the elimination period without being totally disabled.

**Partial Disability Benefit** - Receive partial disability benefits while working a reduced schedule.

**Return-to-Work Incentive** - During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly indexed pre-disability earnings.

**Worksite Modification** - Remain at work or return to work with worksite modifications.

**Rehabilitation Program** - Receive vocational evaluation and job placement assistance.

**Waiver of Premium** - Disability premiums are waived while you are disabled.

## Why do I need Disability Insurance?

While nearly everyone has auto or homeowner's insurance, many people have not insured their most valuable asset - their ability to produce income. Studies show that American workers face at least a one-in-three chance of being disabled, for three months or longer, during their career. \*If you were sick or injured that long, how would you pay your monthly expenses? Could you afford essentials like food, utilities, and house and car payments? What about credit-card debt, college tuition, and retirement funding? Medical problems contributed to half of all home foreclosure filings in 2006. Please use our expense calculator to estimate how much you may need to meet your bills in the event of a disability. You can find our calculator by visiting [www.prudential.com/replacemyincome](http://www.prudential.com/replacemyincome).

\*Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures, Christopher Tarver Robertson, Richard Egelhof, & Michael Hoke; August 8, 2008.

## Optional Employee Term Life

If you are enrolled in Basic Life, you may also enroll in Optional Employee Term Life. You may elect to purchase coverage amounts in increments of \$10,000 from \$10,000 to \$300,000, not to exceed 5 times your covered annual earnings.

- During the initial enrollment period get up to \$200,000 - no medical questions asked - when enrolling when first eligible. If you choose a coverage amount over \$200,000, you will need to provide evidence of insurability satisfactory to Prudential.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential to enroll in all coverage amounts. A late entrant is someone who is enrolling more than 31 days after they were first eligible.
- Coverage will be reduced as you age by 35% at age 70 and 50% at age 75.

### Optional Term Life Insurance For You

To determine the monthly cost of your coverage, please see the chart below.

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
0-19	\$0.51	\$1.02	\$1.53	\$2.04	\$2.55	\$3.06	\$3.57	\$4.08	\$4.59	\$5.10	\$5.61	\$6.12	\$6.63
20-24	\$0.51	\$1.02	\$1.53	\$2.04	\$2.55	\$3.06	\$3.57	\$4.08	\$4.59	\$5.10	\$5.61	\$6.12	\$6.63
25-29	\$0.61	\$1.22	\$1.83	\$2.44	\$3.05	\$3.66	\$4.27	\$4.88	\$5.49	\$6.10	\$6.71	\$7.32	\$7.93
30-34	\$0.81	\$1.62	\$2.43	\$3.24	\$4.05	\$4.86	\$5.67	\$6.48	\$7.29	\$8.10	\$8.91	\$9.72	\$10.53
35-39	\$0.91	\$1.82	\$2.73	\$3.64	\$4.55	\$5.46	\$6.37	\$7.28	\$8.19	\$9.10	\$10.01	\$10.92	\$11.83
40-44	\$1.01	\$2.02	\$3.03	\$4.04	\$5.05	\$6.06	\$7.07	\$8.08	\$9.09	\$10.10	\$11.11	\$12.12	\$13.13
45-49	\$1.52	\$3.04	\$4.56	\$6.08	\$7.60	\$9.12	\$10.64	\$12.16	\$13.68	\$15.20	\$16.72	\$18.24	\$19.76
50-54	\$2.33	\$4.66	\$6.99	\$9.32	\$11.65	\$13.98	\$16.31	\$18.64	\$20.97	\$23.30	\$25.63	\$27.96	\$30.29
55-59	\$4.36	\$8.72	\$13.08	\$17.44	\$21.80	\$26.16	\$30.52	\$34.88	\$39.24	\$43.60	\$47.96	\$52.32	\$56.68
60-64	\$6.69	\$13.38	\$20.07	\$26.76	\$33.45	\$40.14	\$46.83	\$53.52	\$60.21	\$66.90	\$73.59	\$80.28	\$86.97
65-69	\$12.88	\$25.76	\$38.64	\$51.52	\$64.40	\$77.28	\$90.16	\$103.04	\$115.92	\$128.80	\$141.68	\$154.56	\$167.44
70-74	\$20.89	\$41.78	\$62.67	\$83.56	\$104.45	\$125.34	\$146.23	\$167.12	\$188.01	\$208.90	\$229.79	\$250.68	\$271.57
75-79	\$20.89	\$41.78	\$62.67	\$83.56	\$104.45	\$125.34	\$146.23	\$167.12	\$188.01	\$208.90	\$229.79	\$250.68	\$271.57
80-84	\$20.89	\$41.78	\$62.67	\$83.56	\$104.45	\$125.34	\$146.23	\$167.12	\$188.01	\$208.90	\$229.79	\$250.68	\$271.57
85+	\$20.89	\$41.78	\$62.67	\$83.56	\$104.45	\$125.34	\$146.23	\$167.12	\$188.01	\$208.90	\$229.79	\$250.68	\$271.57

Age	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$220,000	\$230,000	\$250,000	\$270,000	\$280,000	\$300,000
0-19	\$7.14	\$7.65	\$8.16	\$8.67	\$9.18	\$9.69	\$10.20	\$11.22	\$11.73	\$12.75	\$13.77	\$14.28	\$15.30
20-24	\$7.14	\$7.65	\$8.16	\$8.67	\$9.18	\$9.69	\$10.20	\$11.22	\$11.73	\$12.75	\$13.77	\$14.28	\$15.30
25-29	\$8.54	\$9.15	\$9.76	\$10.37	\$10.98	\$11.59	\$12.20	\$13.42	\$14.03	\$15.25	\$16.47	\$17.08	\$18.30
30-34	\$11.34	\$12.15	\$12.96	\$13.77	\$14.58	\$15.39	\$16.20	\$17.82	\$18.63	\$20.25	\$21.87	\$22.68	\$24.30
35-39	\$12.74	\$13.65	\$14.56	\$15.47	\$16.38	\$17.29	\$18.20	\$20.02	\$20.93	\$22.75	\$24.57	\$25.48	\$27.30
40-44	\$14.14	\$15.15	\$16.16	\$17.17	\$18.18	\$19.19	\$20.20	\$22.22	\$23.23	\$25.25	\$27.27	\$28.28	\$30.30
45-49	\$21.28	\$22.80	\$24.32	\$25.84	\$27.36	\$28.88	\$30.40	\$33.44	\$34.96	\$38.00	\$41.04	\$42.56	\$45.60
50-54	\$32.62	\$34.95	\$37.28	\$39.61	\$41.94	\$44.27	\$46.60	\$51.26	\$53.59	\$58.25	\$62.91	\$65.24	\$69.90
55-59	\$61.04	\$65.40	\$69.76	\$74.12	\$78.48	\$82.84	\$87.20	\$95.92	\$100.28	\$109.00	\$117.72	\$122.08	\$130.80
60-64	\$93.66	\$100.35	\$107.04	\$113.73	\$120.42	\$127.11	\$133.80	\$147.18	\$153.87	\$167.25	\$180.63	\$187.32	\$200.70
65-69	\$180.32	\$193.20	\$206.08	\$218.96	\$231.84	\$244.72	\$257.60	\$283.36	\$296.24	\$322.00	\$347.76	\$360.64	\$386.40
70-74	\$292.46	\$313.35	\$334.24	\$355.13	\$376.02	\$396.91	\$417.80	\$459.58	\$480.47	\$522.25	\$564.03	\$584.92	\$626.70
75-79	\$292.46	\$313.35	\$334.24	\$355.13	\$376.02	\$396.91	\$417.80	\$459.58	\$480.47	\$522.25	\$564.03	\$584.92	\$626.70
80-84	\$292.46	\$313.35	\$334.24	\$355.13	\$376.02	\$396.91	\$417.80	\$459.58	\$480.47	\$522.25	\$564.03	\$584.92	\$626.70
85+	\$292.46	\$313.35	\$334.24	\$355.13	\$376.02	\$396.91	\$417.80	\$459.58	\$480.47	\$522.25	\$564.03	\$584.92	\$626.70

## Optional Spouse Term Life

If you are electing Optional Life coverage, you may also elect Dependent Term Life Insurance for your spouse or domestic partner. Purchase coverage for your spouse or domestic partner in increments of \$5,000 from \$5,000 to \$150,000, not to exceed 50% of your Optional Life coverage amount.

- During the initial enrollment period get up to \$20,000 - no medical questions asked - when enrolling when first eligible. If you choose a coverage amount over \$20,000, you will need to provide evidence of insurability satisfactory to Prudential.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential to enroll in all coverage amounts. A late entrant is someone who is enrolling more than 31 days after they were first eligible.
- If your spouse or domestic partner or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- Spouse or domestic partner coverage will be reduced as the employee ages by 35% at age 70 and 50% at age 75.

### Optional Term Life For Your Spouse or Domestic Partner

To determine the monthly cost of your spouse or domestic partner's coverage, please see the chart below.

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
0-19	\$0.18	\$0.36	\$0.54	\$0.72	\$0.90	\$1.08	\$1.26	\$1.44	\$1.62	\$1.80	\$1.98	\$2.16	\$2.34
20-24	\$0.22	\$0.43	\$0.65	\$0.86	\$1.08	\$1.29	\$1.51	\$1.72	\$1.94	\$2.15	\$2.37	\$2.58	\$2.80
25-29	\$0.24	\$0.47	\$0.71	\$0.94	\$1.18	\$1.41	\$1.65	\$1.88	\$2.12	\$2.35	\$2.59	\$2.82	\$3.06
30-34	\$0.27	\$0.54	\$0.81	\$1.08	\$1.35	\$1.62	\$1.89	\$2.16	\$2.43	\$2.70	\$2.97	\$3.24	\$3.51
35-39	\$0.34	\$0.68	\$1.02	\$1.36	\$1.70	\$2.04	\$2.38	\$2.72	\$3.06	\$3.40	\$3.74	\$4.08	\$4.42
40-44	\$0.46	\$0.91	\$1.37	\$1.82	\$2.28	\$2.73	\$3.19	\$3.64	\$4.10	\$4.55	\$5.01	\$5.46	\$5.92
45-49	\$0.68	\$1.35	\$2.03	\$2.70	\$3.38	\$4.05	\$4.73	\$5.40	\$6.08	\$6.75	\$7.43	\$8.10	\$8.78
50-54	\$1.07	\$2.13	\$3.20	\$4.26	\$5.33	\$6.39	\$7.46	\$8.52	\$9.59	\$10.65	\$11.72	\$12.78	\$13.85
55-59	\$1.73	\$3.46	\$5.19	\$6.92	\$8.65	\$10.38	\$12.11	\$13.84	\$15.57	\$17.30	\$19.03	\$20.76	\$22.49
60-64	\$3.11	\$6.22	\$9.33	\$12.44	\$15.55	\$18.66	\$21.77	\$24.88	\$27.99	\$31.10	\$34.21	\$37.32	\$40.43
65-69	\$5.21	\$10.42	\$15.63	\$20.84	\$26.05	\$31.26	\$36.47	\$41.68	\$46.89	\$52.10	\$57.31	\$62.52	\$67.73
70-74	\$9.21	\$18.42	\$27.63	\$36.84	\$46.05	\$55.26	\$64.47	\$73.68	\$82.89	\$92.10	\$101.31	\$110.52	\$119.73
75-79	\$15.86	\$31.72	\$47.58	\$63.44	\$79.30	\$95.16	\$111.02	\$126.88	\$142.74	\$158.60	\$174.46	\$190.32	\$206.18
80-84	\$28.20	\$56.39	\$84.59	\$112.78	\$140.98	\$169.17	\$197.37	\$225.56	\$253.76	\$281.95	\$310.15	\$338.34	\$366.54
85+	\$115.93	\$231.85	\$347.78	\$463.70	\$579.63	\$695.55	\$811.48	\$927.40	\$1043.33	\$1159.25	\$1275.18	\$1391.10	\$1507.03

Age	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$110,000	\$115,000	\$125,000	\$135,000	\$140,000	\$150,000
0-19	\$2.52	\$2.70	\$2.88	\$3.06	\$3.24	\$3.42	\$3.60	\$3.96	\$4.14	\$4.50	\$4.86	\$5.04	\$5.40
20-24	\$3.01	\$3.23	\$3.44	\$3.66	\$3.87	\$4.09	\$4.30	\$4.73	\$4.95	\$5.38	\$5.81	\$6.02	\$6.45
25-29	\$3.29	\$3.53	\$3.76	\$4.00	\$4.23	\$4.47	\$4.70	\$5.17	\$5.41	\$5.88	\$6.35	\$6.58	\$7.05
30-34	\$3.78	\$4.05	\$4.32	\$4.59	\$4.86	\$5.13	\$5.40	\$5.94	\$6.21	\$6.75	\$7.29	\$7.56	\$8.10
35-39	\$4.76	\$5.10	\$5.44	\$5.78	\$6.12	\$6.46	\$6.80	\$7.48	\$7.82	\$8.50	\$9.18	\$9.52	\$10.20
40-44	\$6.37	\$6.83	\$7.28	\$7.74	\$8.19	\$8.65	\$9.10	\$10.01	\$10.47	\$11.38	\$12.29	\$12.74	\$13.65
45-49	\$9.45	\$10.13	\$10.80	\$11.48	\$12.15	\$12.83	\$13.50	\$14.85	\$15.53	\$16.88	\$18.23	\$18.90	\$20.25
50-54	\$14.91	\$15.98	\$17.04	\$18.11	\$19.17	\$20.24	\$21.30	\$23.43	\$24.50	\$26.63	\$28.76	\$29.82	\$31.95
55-59	\$24.22	\$25.95	\$27.68	\$29.41	\$31.14	\$32.87	\$34.60	\$38.06	\$39.79	\$43.25	\$46.71	\$48.44	\$51.90
60-64	\$43.54	\$46.65	\$49.76	\$52.87	\$55.98	\$59.09	\$62.20	\$68.42	\$71.53	\$77.75	\$83.97	\$87.08	\$93.30
65-69	\$72.94	\$78.15	\$83.36	\$88.57	\$93.78	\$98.99	\$104.20	\$114.62	\$119.83	\$130.25	\$140.67	\$145.88	\$156.30
70-74	\$128.94	\$138.15	\$147.36	\$156.57	\$165.78	\$174.99	\$184.20	\$202.62	\$211.83	\$230.25	\$248.67	\$257.88	\$276.30
75-79	\$222.04	\$237.90	\$253.76	\$269.62	\$285.48	\$301.34	\$317.20	\$348.92	\$364.78	\$396.50	\$428.22	\$444.08	\$475.80
80-84	\$394.73	\$422.93	\$451.12	\$479.32	\$507.51	\$535.71	\$563.90	\$620.29	\$648.49	\$704.88	\$761.27	\$789.46	\$845.85
85+	\$1622.95	\$1738.88	\$1854.80	\$1970.73	\$2086.65	\$2202.58	\$2318.50	\$2550.35	\$2666.28	\$2898.13	\$3129.98	\$3245.90	\$3477.75

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

## Optional Child Term Life

If you are electing Optional Life coverage, you may also elect Dependent Term Life Insurance for your child(ren). Purchase coverage for your child(ren) in increments of \$2,000 from \$2,000 to \$10,000, not to exceed 50% of your Optional Life coverage amount.

- There are no health requirements for this coverage.
- Your children include your natural children, legally adopted children, stepchildren and foster children who depend on you for support. Child Dependent Term Life coverage has one rate that covers all eligible children.
- Eligible children are unmarried from live birth, up to age 19, or up to age 24 if a full-time student at an accredited college/university.

### Optional Term Life for Your Child(ren)

To determine the monthly cost of your child(ren)'s coverage, please see the chart below.

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.14	\$0.28	\$0.43	\$0.57	\$0.71

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

## Optional AD&D

If you are enrolled in Optional Life, you may also enroll in Optional Accidental Death and Dismemberment. You may purchase an Optional AD&D Insurance coverage amount equal to your Optional Term Life Insurance coverage amount.

- Coverage will be reduced as you age by 35% at age 70 and 50% at age 75.
- There are no health requirements for this coverage.

### Optional Accidental Death and Dismemberment Insurance Costs

To determine the monthly cost of your coverage, please see the chart below.

\$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
\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50	\$2.75	\$3.00	\$3.25

\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$220,000	\$230,000	\$250,000	\$270,000	\$280,000	\$300,000
\$3.50	\$3.75	\$4.00	\$4.25	\$4.50	\$4.75	\$5.00	\$5.50	\$5.75	\$6.25	\$6.75	\$7.00	\$7.50

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.



## Optional Long Term Disability

If you elect coverage, your monthly Long Term Disability benefits will be 60% of your monthly pre-disability earnings, up to a maximum of \$10,000.

- You are considered disabled when you are unable to perform the material and substantial duties of your regular occupation, you have a 20% or more earnings loss and you are under the regular care of a doctor.
- If you meet the definition of disability, your benefits will begin following the elimination period. The elimination period is 180 days.
- The maximum period of payment is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.
- Your Long term disability benefit requires evidence of insurability satisfactory to Prudential. A disability due to a pre-existing condition that begins within the first 12 months of the effective date of coverage is excluded from coverage. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 6 months prior to your effective date of coverage. You are considered to have a pre-existing condition if you did not consult a physician in the six months prior to your coverage effective date for symptoms for which an ordinarily prudent person would have.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential. A late entrant is someone enrolling more than 31 days after they were first eligible.
- The benefit amount is less deductible sources of income. Deductible sources of income may include benefits from statutory plans, unemployment income, and salary continuation.
- The minimum monthly benefit is the greater of \$100 or 10% of the gross monthly benefit.
- Your Long Term Disability coverage also includes the following additional benefits:
  - An Enhanced Rehabilitation Incentive benefit that provides an additional 5% of the monthly disability benefit for 6 months while you are participating in an approved rehabilitation program.
  - An Elder Care Benefit which provides an additional \$500 monthly benefit to you for 6 months if you have a chronically ill or disabled spouse or certain family members to help cover the cost of care while you are participating in an approved rehabilitation program.
  - A Day Care Benefit which pays to you an additional \$500 monthly benefit per eligible child for 6 months to help cover the cost of child day care while you are participating in an approved rehabilitation program.
  - During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly indexed pre-disability earnings. A Pension Contribution Benefit for which 11% of monthly earnings is paid to the trustee or administrator of your pension plan to allow for continued retirement savings during a period of disability.

### Long Term Disability for You

Your employer is sharing the cost of this coverage. Your contribution is 1% of the cost of coverage.

If you would like to calculate the monthly cost of your LTD benefits:

Step 1	Indicate your Annual Earnings in the box to the right.	= \$
Step 2	Divide your annual earnings by 12 to get your monthly earnings.	= \$
Step 3	Compare your monthly earnings from step 2 with 16,667. Write the lesser of the two in the box to the right.	= \$
Step 4	Multiply the result of step 3 by 0.00348.	= \$
Step 5	Multiply the result of step 4 by 1%. This is your monthly cost.	= \$

### Sample LTD Costs for certain salary amounts:

Annual Salary	\$25,000	\$50,000	\$75,000	\$100,000
Cost of LTD	\$0.07	\$0.15	\$0.22	\$0.29

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Group Life, Accidental Death and Dismemberment and Group Disability Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102.

The Booklet-Certificate contains all details, including any policy exclusions, limitations and restrictions, which may apply. Contract Series: 83500.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

**IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

**Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill". You may wish to seek professional tax advice before exercising this option.**

## The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

1-877-232-3619

<b>General Information(Employee)</b>		<b>Effective Date of Coverage(for office use only)</b> ____/____/____		
Last Name	First Name	Middle Initial	Email	Phone
Address		City	State	Zip Code
Social Security No.	Marital Status		Date of Birth	
____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	Month   Day   Year ____/____/____	
Date Employed Month   Day   Year	Your Annual Earnings	Spouse Date of Birth Month Day Year	<b>(For Prudential Use Only)</b>	
____/____/____	\$ ____	____/____/____		
<b>Basic Term Life and Accidental Death &amp; Dismemberment (AD&amp;D)</b>				
KNOX COLLEGE offers you Basic Term Life and AD&D Insurance coverages at no cost to you. You will automatically be enrolled in these plans.				
<b>Optional Term Life</b>				
<input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll deduction: \$ _____ <input type="checkbox"/> No coverage chosen.				
<b>Optional Dependent Term Life</b>				
You must be enrolled for Optional Term Life to elect coverage for your dependents. Spouse coverage cannot exceed 50% of your Optional Term Life coverage amount. Child(ren) coverage cannot exceed 50% of your Optional Term Life coverage amount.				
<b>Spouse/Domestic Partner</b>		<b>Children</b>		
<input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll deduction: \$ _____		<input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll deduction: \$ _____		
<input type="checkbox"/> No coverage chosen		<input type="checkbox"/> No coverage chosen		
<b>Optional Accidental Death &amp; Dismemberment (Optional AD&amp;D).</b>				
<b>Employee Only</b>				
<input type="checkbox"/> Employee coverage amount chosen: \$ _____		Payroll deduction: \$ _____		

Employee General Information			
Last Name	First Name	Middle Initial	Social Security No.
			- -
Voluntary Long Term Disability			
<input type="checkbox"/> I wish to enroll for the Long Term Disability insurance coverage. Payroll deduction: \$			
<input type="checkbox"/> No Long Term Disability insurance coverage chosen.			

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

Group Life, Accidental Death and Dismemberment and Disability coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-290-5903. 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 Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

*Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.*

**Employee General Information**

Last Name	First Name	Middle Initial	Social Security No.
			- - -

**Acceptance or Waiver of Coverage**

- ☐ I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the monthly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.
- ☐ I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.

**FOR RESIDENTS OF ALL STATES EXCEPT ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, MAINE, MARYLAND, NEW JERSEY, NEW YORK, 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 insurance act, which is a crime.

**MAINE AND WASHINGTON RESIDENTS**—Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

**MARYLAND RESIDENTS**—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY RESIDENTS**—Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**PENNSYLVANIA AND UTAH RESIDENTS**—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PUERTO RICO RESIDENTS**—Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**VERMONT RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**VIRGINIA RESIDENTS**—Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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 General Information			
Last Name	First Name	Middle Initial	Social Security No.
			____ - ____ - ____
<p><b>FLORIDA RESIDENTS</b>—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p><b>NEW YORK RESIDENTS</b>—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.<b>This warning ONLY applies to accident and disability coverage.</b></p>			
Employee Signature _____		Date (Month/Day/Year) ____/____/____	

You must also complete a separate beneficiary designation form.

# Beneficiary Designation - KNOX COLLEGE

# Control # 04161

Employee General Information			
Last Name	First Name	Middle Initial	Social Security No.
Employee/Applicant Beneficiary Designations (to be completed by employee/applicant or assignee, if assigned)			
<p>Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.</p>			
<b>Basic Life, Basic ADD, Optional Life and OADD — Primary beneficiaries:</b>			
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip
<b>Basic Life, Basic ADD, Optional Life and OADD — Contingent Beneficiary Designation -</b> Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.			
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip



**Beneficiary Designation - KNOX COLLEGE****Control # 04161**

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	<b>Entity Name:</b>	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

The above beneficiary designation only applies to:    ☐ Basic Term Life/AD&D    ☐ Optional Term Life    ☐ Optional AD&D

Employee Signature \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have any questions, please see Human Resources for details.

Group Dependent Life,Optional DependentLife,Basic AD&D,Optional AD&D,Optional Life,Basic Life,Long Term Disability coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102.

Life Claims: 800-524-0542 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 Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: {83500} . Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.