

Long-term care insurance

CASE APPROVAL FORM



ESP Prudential Employer Sponsored Program

(ESP Open Enrollment period is 60 days from Prudential approval or requested start date)

(5% Employer Sponsored Discount for 10+ eligible employees)

Date: _____ Company/Client Name & Address _____

Number of Years in Business _____ Industry _____

POLICY EFFECTIVE DATE INFORMATION:

Requested Effective Date _____ Is requested effective date required for all policies issued? Yes or No (Check One)
OR
Effective Date "As Issued" _____

60 DAY OPEN ENROLLMENT PERIOD INFORMATION:

Open Enrollment Start Date _____ (All applications received after the 60-day open enrollment period require full underwriting)

EMPLOYEE ELIGIBILITY:

Number of Eligible Employees* _____ Age Range of Eligible Employees _____
Number of Company Locations _____ State(s) of Company Location _____

PREMIUM PAYMENT INFORMATION:

_____ Employer Paid
OR
_____ Employee Paid (Voluntary)

BILLING INFORMATION:

_____ Direct Bill (Annual, Semi-annual & Quarterly)(Alternate Payer Can be Requested)
_____ Monthly Electronic Bank Draft
_____ Monthly List Bill (Requires Minimum of 10 lives & Only 1st of the month effective dates)
_____ List Bill Contact Name, Email Address and Phone Number _____

LTC3 BENEFITS OPTIONS** available with Simplified Underwriting for the Employees Only (Voluntary or Employer Paid Plan)

Daily Facility Benefit: \$50 - \$300
Home Care Daily Benefit: 50%, 75% or 100%
Benefit Period: 2, 3, 4, 5, or 6 years
Elimination Period: 60, 90, 120, 180 or 365 days
Home Care Payment Options: Daily or Monthly Reimbursement
Inflation Protection: None, 5% Guaranteed Purchase Option, 3% Compound No Maximum, 5% Simple, 5% Compound 2X Maximum or 5% Compound No Maximum
Riders: Shared Care, Survivor Waiver of Premium, Shortened Benefit Period & Return of Premium Upon Death Benefit
Premium Payment Options: 10 years Paid Up (ages 40+), Paid Up at Age 65 (below age 55) or Premium Reduction at age 65

FOR INTERNAL USE ONLY

Long-Term Care Insurance issued by The Prudential Insurance Company of America, Newark, NJ



Prudential

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

LTC EVOLUTION BENEFIT OPTIONS** available with Simplified Underwriting for the Employees Only (Voluntary or Employer Paid Plan)

Lifetime Maximum: \$100,000 - \$500,000
Elimination Period: 90 days (built-in)
Inflation Protection: 5% Guaranteed Increase Feature (built-in), 3% Compound No Maximum, or 5% Compound No Maximum
Riders: Shared Care, Shortened Benefit Period

I reviewed and understand the requirements of enrolling in the Prudential Employer Sponsored Program.

General Agency Name: _____

Agent/Broker Name: _____

Agent/Broker Signature: _____

Agent/Broker Telephone Number: _____

Agent/Broker e-mail address: _____

E-mail to: janet.urda@prudential.com or Fax to: Attn: **Janet Urda** at **877-773-9515**

For Home Office Use Only:

ESP Code # _____ (Assigned by Home Office) Date Approved by Home Office _____

* Employees working 25 + hours per week between the ages of 18-79 for LTC3.
(Employees Ages 66-79 are fully underwritten).

** Simplified underwriting is available to Actively-at-work employees ages 18-65. Available options may vary by state

Note: Simplified underwriting is available for actively-at work spouses or partners ages 18-65 in Employer Paid cases; Subject to rules of participation.

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