



Dear Employee-Member:

We are pleased to offer you a Voluntary Group Life Plan from the National Conference on Public Employees Retirement Systems (NCPERS).

PERSI members-employees can purchase term life coverage through the Voluntary Group Life Plan with NCPERS. The plan is available through PERSI participation in NCPERS. It is underwritten by The Prudential Insurance Company of America and administered by Member Benefits.

The life insurance plan is designed to supplement your retirement benefits and other life insurance you may have through the PERSI or your employer. It gives you the opportunity to purchase affordable term life insurance **with no medical evidence requirements**. The monthly cost remains the same regardless of your age. Your insurance protection is greatest when your accrued retirement benefits are lowest.

The enclosed brochure provides details of the plan. You should also consider the following features:

1. The NCPERS Plan is an affordable plan, regardless of your age.
2. The plan provides you with the greatest amount of insurance when you need it most.
3. Coverage for your eligible **dependents is included** in your premium amount.
4. You do not need to answer any health questions or take a medical exam if you enroll during an open enrollment period. Coverage is effective on the first day of the month following your payroll deduction.
5. Any active PERSI member who has been covered as an active participant for at least one month can elect to **continue coverage into retirement** if they are receiving a monthly pension check.

Life insurance is an important part of financial planning. Please read the enclosed brochure carefully to see if you want to take advantage of the additional financial security that this coverage can help provide. You may enroll for this affordable coverage during the August 21st – September 30th open enrollment period. Simply complete the enrollment form that is part of the brochure and return it to your payroll office no later than September 30th. (do not send the enrollment card directly to Member Benefits). Please keep in mind if you do not enroll now, you will have to wait until the next open enrollment to purchase this affordable life insurance protection.

We urge you to take advantage of the opportunity to enroll in this valuable coverage. Your insurance is automatically effective the first of the month following your first payroll deduction, with no medical evidence requirements. Coverage for your eligible dependents is automatically included in your monthly premium.

Online enrollment is now available to enroll please visit <https://ncpers.memberbenefits.com/enroll/>.

Please feel free to call Member Benefits at 1-800-525-8056 if you have any questions about the coverage or enrollment process.



Guaranteed coverage you can keep for life

Group Decreasing Term Life Insurance

Up to **\$325,000** in total coverage for **\$16** a month plus **NEW Student Loan Benefit**



National Conference on Public
Employee Retirement Systems

Life is filled with unexpected events

For \$16 a month, you can help protect everything you've worked so hard for, even after you're gone.

Through your employer, you are automatically a member of the National Conference on Public Employee Retirement Systems (NCPERS). It's one of the largest trade associations for public sector employees, providing benefits and plans to over 21 million employees and retirees.

NCPERS Public Employee Financial Protection Plan gives your family extra financial security when they need it most: when you're no longer there to help provide for them. This coverage is guaranteed issue, which means there are no medical questions or exams. **You can never lose coverage because of a change in your age or health.** And you'll be happy to know that your coverage is issued by **The Prudential Insurance Company of America (Prudential)**, a company with over 100 years of group life insurance experience. We're pleased to offer you this opportunity. Don't miss out—enroll today.

Sincerely,



Daniel Fortuna
President



More coverage when you need it most

The plan is designed to pay a maximum benefit amount in your younger years, when your financial obligations may be more significant. That benefit gradually decreases as you get older, when your financial obligations may be less. And the flat rate helps ensure it's affordable coverage the whole time, with no surprise rate hikes.

AGE
50
AND UNDER

\$16 a month means:

A way to supplement pension survivor benefits during the early family-building years, when your family's needs are greatest.

OVER
AGE
50

\$16 a month means:

Your family will have help covering essentials like funeral costs, medical bills, and credit card debt.



Exclusive member benefit—**\$16/month.**



NCPERS has paid **\$13 million** in benefits in 2016 and covered members and their families for 40 years.

NCPERS' Public Employee Financial Protection Plan includes:

For You: Group Decreasing Term Life

With Group Decreasing Term Life Insurance, your family can have insurance protection against the unexpected. The money can go toward paying for funeral expenses, mortgage, rent, credit card bills, college tuition, and other expenses.

For You: Accidental Death & Dismemberment (AD&D)

Your beneficiary can receive an additional benefit for loss of your life resulting from an accident. You may also be eligible for a benefit if you are in an accident which results in specific injuries. Injuries covered may include loss of sight, coma, or dismemberment of hands or feet.*

For Your Family: Spouse and Dependent Group Decreasing Term Life

At no added cost, this plan provides Dependent Group Decreasing Term Life Insurance for your spouse or domestic partner and a flat benefit for all of your dependent children. The benefit amount will be paid to you in a lump sum on an eligible dependent's death, and the benefit amount will be determined by your age at that time.

**See the Booklet-Certificate for complete plan information, including limitations and exclusions.*

A group rate that's competitive

NCPERS guarantees that every active member, regardless of age, pays \$16 a month, and it will **never increase**.

Members

Member's Age at Time of Claim	Group Decreasing Term Life	Group AD&D	Total Benefit for Accidental Death
Less than 25	\$225,000	\$100,000	\$325,000
25 to 29	\$170,000	\$100,000	\$270,000
30 to 39	\$100,000	\$100,000	\$200,000
40 to 44	\$65,000	\$100,000	\$165,000
45 to 49	\$40,000	\$100,000	\$140,000
50 to 54	\$30,000	\$100,000	\$130,000
55 to 59	\$18,000	\$100,000	\$118,000
60 to 64	\$12,000	\$100,000	\$112,000
65 and over	\$7,500	\$7,500	\$15,000

Dependent Group Decreasing Term Life

Spouse/ Domestic Partner	Child(ren)*
\$20,000	\$4,000
\$20,000	\$4,000
\$20,000	\$4,000
\$18,000	\$4,000
\$15,000	\$4,000
\$10,000	\$4,000
\$7,000	\$4,000
\$5,000	\$4,000
\$4,000	\$4,000

Payment Examples:

1. If an insured member age 38 dies of natural causes, the beneficiary would receive \$100,000. If death is due to a covered accident, \$200,000 would be payable.
2. If the spouse or domestic partner of a 42-year-old member dies, the member would receive \$18,000.
3. If a dependent child less than age 26 dies, the payment to the member would be \$4,000.

**Unmarried children up to age 26 are covered, including adopted children, stepchildren, and foster children who depend on you for support. Dependents in the military service are not eligible.*

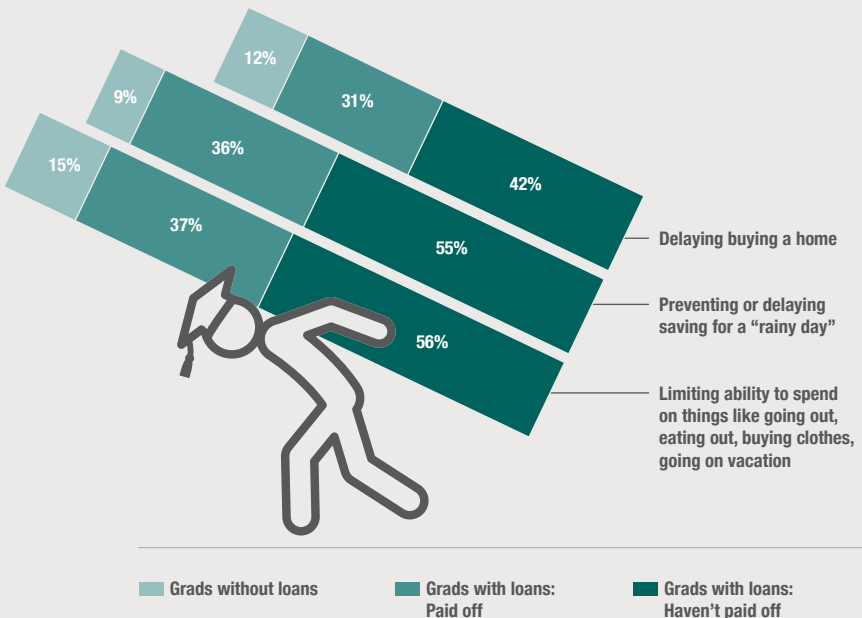
Please note: insurance coverage for a child will not end at age 26 if the child is then mentally or physically incapable of earning a living and meets the definition of Qualified Dependent.

NEW! Student Loan Protection Benefit

Included in the Group Decreasing Term Life Insurance Plan at no extra cost

Paying off student loans can be challenging enough—but when an unexpected illness or disability prevents you from earning a paycheck, things can get out of control quickly unless you have a backup plan. Ask yourself this: when you are unable to work and faced with a student loan payment in addition to countless other bills, what will you do?

The Student Loan Burden Can Result In**:



63%
**OF AMERICANS
LIVE PAYCHECK
TO PAYCHECK****

— AND —

52%
**OF AMERICANS
HAVE LESS THAN
\$10,000
IN SAVINGS****

New Benefit Can Help Keep your Financial Future on Track

The Student Loan Protection benefit is included in Group Decreasing Term Life Insurance Plan at no extra cost. For members age 45 and under, Prudential will reimburse the amount of student loans you owe up to a maximum of \$50,000, should you become totally disabled under the terms of the policy* and have an outstanding student loan balance.

Limited Time Offer!

Don't miss your one chance this year to get this plan.

Reply with the enclosed enrollment form today.

**Total Disability: You are "Totally Disabled" when:*

- (1) You are not working at any job for wage or profit; and*
- (2) Due to Sickness, Injury or both, you are not able to perform for wage or profit, the material and substantial duties of any job for which you are reasonably fitted by your education, training or experience.*

*** American Payroll Association, "Getting Paid in America" Survey, 2016.*

Special features

NEW! Student Loan Protection Benefit

If you are age 45 and under, approved for a waiver of premium claim due to a total disability, and have an outstanding student loan balance, Prudential will reimburse the amount of student loans that you owe up to a maximum of \$50,000. We developed this benefit to help address the rising burden of student loans.

Waiver of Premium

If you are less than 60 years old and become totally disabled for at least nine months, your insurance may be continued without further premiums, as long as you furnish annual proof of your continued total disability satisfactory to Prudential.

Option to Accelerate Payment of Death Benefits*

If you are terminally ill with a life expectancy of six months or less, you may receive up to 50% of your insurance benefits—up to a maximum of \$112,500 in advance. The death benefit, payable to your beneficiary, will be reduced by that amount.

Conversion of Coverage

If you cease to be a member, you can convert your insurance to a Prudential individual life policy within 31 days following termination of insurance. Dependent Spouse or Domestic Partner Group Decreasing Term Life coverage can also be converted if you cease to be a member or die.

Retirement Coverage

Coverage can be continued into retirement if you are insured as an active member and continue to receive a benefit upon retiring. Simply authorize the retirement system to deduct your contributions from your retirement check. Your premium will remain the same regardless of your age.





150,000 of your peers have coverage.

Benefits summary

- Guaranteed coverage—no medical exams or questions required
- 24/7 coverage on or off the job
- Spouse and dependent coverage included
- AD&D coverage included
- Student Loan Benefit


Enrolling is easy

Complete the enclosed enrollment and beneficiary form, go to www.ncpersvoluntarylife.com/persi, or your employer's website to obtain a printable copy of the form. Submit your completed enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits.

Questions? Contact:

 **Member Benefits**

10739 Deerwood Park Blvd, Suite 200-B, Jacksonville, FL 32256

 800-525-8056

 NCBERS@memberbenefits.com

Information about when coverage begins and ends

If you enroll within 90 days of your date of employment, you will become insured on the first day of the month following your first payroll deduction. If you enroll during the open enrollment period, your coverage begins on the first day of the month following your first payroll deduction. Your member coverage will be delayed if you are not actively at work on the coverage effective date. Instead, your coverage will begin on the date you meet the actively-at-work and other insurance requirements for covered members. Dependent coverage begins when your insurance coverage becomes effective. Coverage will end if you discontinue payments, cease to be a member of the eligible classes, or if the plan is discontinued. Refer to the Booklet-Certificate for details.

*Option to Accelerate Payment of Death Benefits 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. This brochure describes the Group Insurance Plan in a general manner.

A Booklet-Certificate with complete plan information, including limitations and exclusions, will be provided when you enroll. If there is a discrepancy between this communication and the Booklet-Certificate issued by The Prudential Insurance Company of America, the Booklet-Certificate will govern.

NCPERS is a non-profit organization that provides education and support to public employee retirement systems. NCPERS has no role in the administration of the life insurance program, and the benefits are guaranteed solely by the insurance carrier. NCPERS is compensated solely for the use of its name, service marks, and mailing lists.

Plan arranged and managed by Gallagher Benefit Services, Inc., the employee benefits division of Arthur J. Gallagher & Co. Gallagher receives compensation for the marketing and services it provides, which is discussed and disclosed annually with NCPERS.

Group Decreasing Term Life Insurance, Dependent Group Decreasing Term Life Insurance, and Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Contract Series: 83500.

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

IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

The plan is administered by Member Benefits and Gallagher Benefit Services, Inc. who are not affiliates of Prudential.

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The Prudential Insurance Company of America – Enrollment and Beneficiary Form

751 Broad Street • Newark, NJ 07102

NCPERS \$16 PLAN

Control No.: 92860

Please submit your complete enrollment form to your employer. Your employer will begin payroll deductions and forward your enrollment information to Member Benefits. Questions? Call 1-800-525-8056.

FOR EMPLOYER:

Please complete this section. Additionally, it is important that you review the form for complete information. All sections must be completed in order for The Prudential Insurance Company of America to process claims.

Coverage Start Date _____ / _1_ / _____ (Must be 1st of Month)

EMPLOYER Unit No. _____

Return completed form to:

Member Benefits
10739 Deerwood Park Blvd, Suite 200-B
Jacksonville, FL 32256-9843
1-800-525-8056
Email: NCPERS@memberbenefits.com

Member Information

New Member Enrollment Open Enrollment Change of Beneficiary

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ ZIP code _____

Social Security Number _____ Primary Phone Number _____ Your Date of Birth (mm/dd/yyyy) _____
|_|_|-|_|-|_|_|_| _____ _____/_____/_____

Date of Employment

_____/_____/_____ Actively at work?* Yes No – If no, you are not eligible for this coverage. Male Female

*Active Work Requirement: A requirement that a member be actively at work as normally required by the employer or as predetermined by the member's Public Employee Retirement Systems group on the date that the insurance is to begin.

I declare the above statements and answers are complete and true and understand they are the basis for providing life insurance under a plan (or plans) issued by The Prudential Insurance Company of America (Prudential) to the National Conference on Public Employee Retirement Systems (NCPERS), in which I will participate upon becoming insured. I hereby authorize my employer to deduct from my wages amounts equal to the contributions required for me toward the premiums for Group Insurance under the NCPERS plan issued by Prudential. A photographic copy of this authorization shall be as valid as the original. The effective date of coverage will be the first day of the month following payment of my contribution through payroll deductions. I understand that my member coverage will be delayed if I am not actively at work on the coverage effective date. Instead, my coverage will begin on the date I meet the actively-at-work and other insurance requirements for covered members.



National Conference on
Public Employee Retirement Systems



Prudential

Member Information

|_|_|_|-|_|_|-|_|_|_|_|

Last Name

First Name

MI

Social Security Number

FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK 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 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. **This notice ONLY applies to accident and disability income coverage.**

The District of Columbia requires insurers to provide the following notice to all employees being offered Accidental Death and Dismemberment, Accident Insurance and/or Critical Illness coverage:

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.

I have read and understand the terms and requirements of the fraud warnings included on the last page of this form.

Member Signature (Sign in ink.) _____ Date Signed _____

FOR INSUREDS WHO RESIDE IN MICHIGAN OR MINNESOTA ONLY – If you wish to enroll your spouse, domestic partner, and/or eligible child 18 years of age or older for Dependent Life and/or Accidental Death and Dismemberment Insurance coverage, your spouse, domestic partner, and/or each of your eligible children age 18 years or older must consent to such coverage by signing and dating this consent in the appropriate space(s) below. Coverage on your spouse, domestic partner, and/or eligible children age 18 or older will not become effective unless and until the requisite consent is provided.

Spouse/Domestic Partner Signature (Sign in ink.) _____ Date Signed _____

Child Signature (Sign in ink.) _____ Date Signed _____

Child Signature (Sign in ink.) _____ Date Signed _____

Please indicate your Primary and Contingent beneficiary designations on the next page.

Primary and Contingent Beneficiary Designations

Member Information

Grid for Social Security Number

Last Name First Name MI Social Security Number

Member Beneficiary Designations (to be completed by member or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than one primary beneficiary. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Group Decreasing 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.

Primary Beneficiary

Form for Primary Beneficiary with fields: Last Name, First Name, MI, Telephone Number, Social Security Number, Date of Birth, Relationship, Percentage, Street Address, City, State, ZIP, Check one (Trust, Estate, Corporation), Entity Name, Tax ID #/Tax Exempt #, Creation/Incorporation/Formation Date, Telephone Number, Percentage, Street Address, City, State, ZIP.

Contingent Beneficiary Designation — 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.

Form for Contingent Beneficiary Designation with fields: Last Name, First Name, MI, Telephone Number, Social Security Number, Date of Birth, Relationship, Percentage, Street Address, City, State, ZIP, Check one (Trust, Estate, Corporation), Entity Name, Tax ID #/Tax Exempt #, Creation/Incorporation/Formation Date, Telephone Number, Percentage, Street Address, City, State, ZIP.

Member Signature (Sign in ink.) _____ Date Signed _____

NCPERS is a non-profit organization that provides education and support to public employment retirement systems. NCPERS has no role in the administration of the life insurance program and the benefits are guaranteed solely by the insurance carrier. NCPERS is compensated solely for the use of its name, service marks, and mailing lists.

The plan is administered by Member Benefits. Member Benefits and Gallagher Benefit Services, Inc. are not affiliates of Prudential.

Group Decreasing Term Life, Dependent Group Decreasing Term Life, and Accidental Death and Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. 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 The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. California COA # 1179, NAIC # 68241. Contract Series: 83500.

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For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, 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.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

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.

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.

Beneficiary Designation/Change Form

Life/Accidental Death & Dismemberment Coverage



1. Complete the entire form

Make sure to complete the form in its entirety. If you do not know your group policy number, please contact us to assist you with completion. Attach separate additional sheet, if necessary.

2. Fax or Mail Form to:

You may fax documents to: (904) 212-3636

Attn: Policy Services

Your Name: _____

Date: _____

Or Mail to:

Member Benefits

10739 Deerwood Park Blvd

Suite 200-B

Jacksonville, FL 32256

IMPORTANT: Do not mail or send your form directly to Prudential. Make sure to return to the fax or mailing address of administrator, Member Benefits, listed above.

Any questions? Call toll-free: 1-800-525-8056

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.
- Unless otherwise indicated in Section 2, the information supplied on the form will apply to all the Group Life coverage(s) issued by The Prudential Insurance Company of America to the group contract holder.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, telephone number, social security number, relationship and Date of Birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"

- Select "Corporation/Organization" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- Include the address, city and state, telephone number and tax ID number of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.



Group Insurance Beneficiary Designation/Change

DATE: ____ / ____ / ____

1. EMPLOYEE INFORMATION (please print)

Last Name	First Name	MI	Employee ID# (if applicable)	Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Has this insurance been assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address		City	State	ZIP Code	Daytime Phone	Home Phone	Date of Birth	Date of Hire	Date of Retirement (if applicable)
Name of Employer/Group Policyholder			Group Policy No.		Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan. This form applies only to <input type="checkbox"/> Basic Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Optional Term Life <input type="checkbox"/> Optional AD&D <input type="checkbox"/> GUL <input type="checkbox"/> GVUL coverage(s).				

2. **BENEFICIARY DESIGNATION:** I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

B. Contingent Beneficiaries

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									

3. TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2

Trustee's Name (First, MI, Last)	Address (include city, state, ZIP)

And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee.

Title of Agreement Date of Agreement



Group Insurance Beneficiary Designation/Change

4. AUTHORIZATION/SIGNATURE I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

Employee's Signature X Date Signed _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

Group Life coverage(s) are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance is distributed by Prudential Investment Management Services LLC, 655 Broad Street, 19TH Floor, Newark, NJ 07102, a registered broker/dealer and a Prudential Financial company. 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. Contract provisions may vary by state. Contract series: 83500 (Term Life), 89579 (Group Variable Universal Life), 96945 (Group Universal Life).

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NCPERS Group Life Insurance
CHANGE OF ADDRESS REQUEST

To change your address complete all field then click on “Submit” to send your updated information or return:

**NCPERS Group Life Administrator
Member Benefits
10739 Deerwood Park Blvd, Suite 200-B
Jacksonville, FL 32256
1-800-525-8056 or
e-mail to NCPERS@memberbenefits.com**

Date: _____

Requested by: _____ Phone #: _____

Member Name: _____ Social Security Number: _____

New Address: _____

Effective Date for New Address: _____