



The Prudential Insurance Company of America

Critical Illness Health Statement Questionnaire

(A separate form must be completed for each person requiring Evidence of Insurability)

Mail the completed form to: The Prudential Insurance Company of America Group Medical Underwriting, P.O. Box 8796 Philadelphia, PA 19176

Employer/Association Name:

Grid for Employer/Association Name

Or fax the completed form to: 877-605-6671

Group Contract No.(s):

Branch No.:

00 Grid for Group Contract No.

000001 Grid for Branch No.

Employee/Member Information

Employee/Member Information fields: First Name, MI, Last Name, Number and Street, P.O. Box / Apt. Number, City, State, ZIP Code, Social Security Number, Employee/Member ID Number, Telephone, E-Mail Address

Applicant Information

Relationship to Employee/Member: Self Spouse

Applicant Information fields: First Name, MI, Last Name, Social Security Number, Gender, Date of Birth

Please answer these questions by checking "Yes" or "No."

- 1. California law requires that the applicant be covered by an individual or group contract that arranges or provides comprehensive health insurance...
2. Question on general health: Has the Applicant ever been diagnosed with or treated for any of the following conditions...
3. Question on recent facility confinement: In the past 24 months has the Applicant received care...
4. Additional Health Questions: A. Has the Applicant ever had, or been advised to have, an organ transplant...
5. If the applicant is currently 65 years of age or older, is the applicant covered by Medi-Cal or a Medicare supplement policy?



* C I H S Q C A 0 1 *

Prudential reserves the right to request additional health information on the basis of the responses given to the above questions.

I have read and understand the terms and requirements of the Important Notice included as page 3 of this form. I declare that, to the best of my knowledge and belief, the statements made in this questionnaire are complete and true. I agree that the coverage applied for is subject to the terms of the plan and shall become effective on the date or dates established by the plan, provided the evidence of good health is satisfactory to Prudential.

Applicant's Signature (unless a minor)

- -

Date Signed (mm-dd-yyyy)

If Applicant is a minor, Signature of Parent, Guardian or Person Liable for Support of Applicant

Relationship

- -

Date Signed (mm-dd-yyyy)



For residents of all states except: Alabama, District of Columbia, Florida, Kentucky, Maryland, New Jersey, New York, Pennsylvania, 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.

DISTRICT OF COLUMBIA 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.

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.

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.

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.

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 health insurance.**

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.

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 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 a statement of claim for payment of a loss or benefit may have violated state law, is 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.

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.

Please keep a copy of this form for your records.

Group Critical Illness coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102.

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