

**ESP Prudential Employer Sponsored Program
Case Approval Form LTC3**

(ESP Open Enrollment period is **60** days from Prudential approval or requested start date)
(5% Employer Sponsored Discount for 7+ eligible employees)

Date: _____

Company/Client Name & Address _____

Number of Years in Business _____ **Industry** _____

Policy Effective Date Information:

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|---|
| Requested Effective Date _____ Is requested effective date required for all policies issued? Yes or No (Circle One) OR Effective Date "As Issued" _____ |
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60 Day Open Enrollment Period Information:

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

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| Number of Eligible Employees* _____ Age Range of Eligible Employees _____ Number of Company Locations _____ State(s) of Company Location _____ |
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Premium Payment Information:

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| _____ Employer Paid OR _____ Employee Paid (Voluntary) |
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Billing Information:

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|---|
| _____ Direct Bill (Annual, Semi-annual & Quarterly)(Alternate Payer Can be Requested) _____ Monthly Electronic Bank Draft _____ Monthly List Bill (Requires Minimum of 7 lives & Only 1 st of the month effective dates) |
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Benefits Options available with Simplified Underwriting for the Employees Only (Voluntary or Employer Paid Plan)**

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| Daily Facility Benefit: \$50 - \$300 Home & Community-Based Care Daily Benefit: 50%, 75%, 100% or 150% (up to \$200/day Daily Facility Benefit) Benefit Period: 2, 3, 4, 5, or 6 years Elimination Period: 60, 90, 120, 180 or 365 Home Care Payment Options: Daily, Monthly Reimbursement, Flexible Cash or Cash Benefit option 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 |
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| 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: _____ |
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E-mail to: janet.urda@prudential.com or
Fax to: Attn: **Janet Urda** at 877-773-9515

For Home Office Use Only:

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|---|
| 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.

Employer Sponsored ILTC Insurance Program – Employer Form

By signature of the authorized representative of the Sponsoring Organization (“SO”) named below, SO agrees, as of the Effective Date, to work with the Prudential Insurance Company of America (“Prudential”) and authorized sales producers, subject to the following terms and conditions, to implement a Long-Term Care Employer Sponsored Program for eligible employees of the SO:

Program: The Program consists of the sale of Prudential individual long-term care insurance policies to qualified employees who are actively at work on a full time basis at least 25 hours per week for the Employer/Sponsoring Organization (SO), provided that the SO is accepted by Prudential and meets Prudential’s minimum participation requirements. Covered employees spouses, domestic partners, adult children, parents, and parents-in-laws (collectively known as “Participants”), are also eligible for this program and available discounts. The SO acknowledges that this program is not a group insurance program and coverage is not guaranteed. Eligible employees aged 18-65, applying for benefits within the benefit parameters defined by Prudential, shall be subject to Simplified Underwriting during the initial enrollment period, also defined by Prudential. Eligible spouses and domestic partners actively at work at least 25 hours a week and between the ages of 18-65 may also be eligible for Simplified Underwriting. All other eligible Participants are subject to full medical Underwriting. SO acknowledges that the Program offer is at the discretion of Prudential, contingent upon the review of necessary roster data about SO employees and other eligible Participants.

Employer Subsidy:

Is the employer paying for a portion of the premium for this benefit? No Yes
Is the employer paying for a portion of the premium for the spouse or partner benefit? No Yes (If yes, list amount): _____

Access. SO agrees to permit Prudential and authorized sales producers access to solicit SO employees, including the right to conduct group onsite meetings at SO offices, subject to reasonable agreement as to time and place.

Billing. SO agrees to remit to Prudential monthly in a timely manner all premiums, other than those direct billed to Participants, due under the Program. SO also agrees to provide Prudential with any status changes (including terminations, retirements or disability leaves) for any Program Participants on payroll deduction.

Law- Compliance & Applicability. Prudential makes no representations about whether the Program is an employee benefit plan under or otherwise subject to ERISA or other laws regulating such plans. Unless otherwise notified in writing by the SO, Prudential shall assume the Program is not an employee benefit plan under ERISA. Prudential makes no representations about any possible tax implications to the SO or any other person and assumes SO shall seek its own tax counsel or advice as needed.

Termination. Either party may terminate the Program by ninety (90) days written notice to the other. If minimum participation level is not reached by the end of the initial enrollment period, Prudential retains the right to suspend the Program for all newly eligible employees and other eligible Participants.

Name of Sponsoring Organization: _____

Name: _____ Title: _____

Signature: _____ Today’s Date (“effective date”) _____