

The Prudential Insurance Company of America - Enrollment Form

751 Broad Street • Newark, NJ 07102

LAKESIDE INTERNATIONAL INC.

(For office use only)

Effective Date of Coverage:
Control No.:00150

Return Completed Application to:
Human Resources

1. Employee Information

Last Name	First Name	MI
Street Address	City	State Zip Code
Social Security Number <input type="text"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Your Date of Birth (mm/dd/yyyy) ____ / ____ / ____
Date Employed (mm/dd/yyyy) ____ / ____ / ____	Your Annual Earnings \$ _____	

2. Coverage Elections

Please make your supplemental enrollment selections below.

Check Each Applicable Box	Coverage Amount Chosen	Payroll Deduction
Yes No		
<input type="checkbox"/> <input type="checkbox"/> Optional Term Life Insurance	\$ _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Optional Dependent Life Insurance - Spouse	\$ _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Optional Dependent Life Insurance - Children	\$ _____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Short Term Disability Insurance	_____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> Long Term Disability Insurance	_____	\$ _____
Total Cost		\$ _____

For coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires evidence of good health, you must be actively at work on the date of approval for the amount requiring evidence of good health. In the future, if you wish to enroll for employee-paid insurance, increase coverage amounts, or add dependent coverage, you may be required to furnish evidence of insurability for yourself and/or your spouse. If your dependents are confined for medical treatment at home or elsewhere, coverage will begin when confinement ends.



Enrollment Form continued on next page.

3. Authorization

Yes No I am enrolling for insurance issued by The Prudential Insurance Company of America as indicated on the previous page and authorize my employer to deduct the required contribution from my paycheck. I certify that the information contained in this enrollment form is true and complete, and understand that my contribution is based on that information. I also understand that there are criminal and civil penalties for giving false information, including but not limited to fines and confinement in prison. Detailed and state-specific warnings appear below.

IMPORTANT NOTICE:

For residents of all states except Florida, New Jersey, New York, Pennsylvania, Utah, Virginia, Vermont 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.

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 Signature (Sign in ink.) _____ Date _____

Refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. Basic Term Life, Optional Term Life and Dependent Term Life coverage(s) are issued by The Prudential Insurance Company of America. Contract provisions may vary by state. (Contract Series: 83500.)

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Please indicate your beneficiary designation(s) on the next page.