

YOUR ENROLLMENT KIT

GROUP INSURANCE

Short Term Disability Insurance

Issued by The Prudential Insurance Company of America

Diocese of Palm Beach

Help Protect Your Most Valuable Asset...

Your Paycheck

While nearly everyone has auto and homeowner insurance, many people probably have not insured their most valuable asset...their paycheck.

Would you and your family be able to keep your home, auto and other prized possessions, and be able to pay your bills if you stopped receiving a paycheck?

If you're like most people you wouldn't be able to meet your financial obligations if you were disabled and unable to work for an extended period of time.

Now you have an opportunity to enroll in The Prudential Insurance Company of America's disability insurance plan that will help you safeguard your lifestyle and provide you and your family with peace of mind.

Advantages of participating in our program include...

- ✓ **Partial Income Replacement** - Benefits provide partial income replacement when you are unable to work due to a sickness or injury.
- ✓ **Assistance and Support for Your Return to Work Efforts**
 - **Benefits While Working** – The Prudential Insurance Company of America encourages you to stay at work or return to work when it's appropriate, and may pay benefits if you are working while disabled.
- ✓ **Economical Group Rates** – The Prudential Insurance Company of America's plan is available to you at group rates, which are typically lower than individual rates.
- ✓ **Convenient Payroll Deduction** - Your premium contributions are deducted from your paycheck, so there's no check writing or mail delays.

Please review the information in this kit so you can make an informed decision about participating in this program.

Short Term Disability (STD)

100% Employee Paid

- ◆ Your benefits will begin on the 15th day following a non-occupational accidental injury or the 15th day following a non-occupational sickness.
- ◆ Your weekly STD benefits will be 60% of your weekly earnings, up to a maximum of \$1,500. The minimum weekly benefit is \$25.
- ◆ The maximum period of payments is 11 weeks.
- ◆ You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.
- ◆ STD exclusions - You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, occupational sickness or injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction. **STD benefits will not be paid for a disability that begins during the first 12 months of coverage and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, care or services including diagnostic measures, took prescribed drugs or medicines, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have. Exclusions may vary by state. Refer to plan booklet for details.**

For your 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 coverage that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Refer to the plan booklet for details.

RATE SHEET

Diocese of Palm Beach

Issued by The Prudential Insurance Company of America
Rates Effective: August 1, 2008

Short Term Disability – Monthly Cost per Coverage Amount

Annual Income	Monthly Cost	Annual Income	Monthly Cost	Annual Income	Monthly Cost	Annual Income	Monthly Cost
\$12,000	\$4.57	\$35,000	\$13.33	\$58,000	\$22.08	\$81,000	\$30.84
\$13,000	\$4.95	\$36,000	\$13.71	\$59,000	\$22.47	\$82,000	\$31.22
\$14,000	\$5.33	\$37,000	\$14.09	\$60,000	\$22.85	\$83,000	\$31.60
\$15,000	\$5.71	\$38,000	\$14.47	\$61,000	\$23.23	\$84,000	\$31.98
\$16,000	\$6.09	\$39,000	\$14.85	\$62,000	\$23.61	\$85,000	\$32.37
\$17,000	\$6.47	\$40,000	\$15.23	\$63,000	\$23.99	\$86,000	\$32.75
\$18,000	\$6.85	\$41,000	\$15.61	\$64,000	\$24.37	\$87,000	\$33.13
\$19,000	\$7.23	\$42,000	\$15.99	\$65,000	\$24.75	\$88,000	\$33.51
\$20,000	\$7.62	\$43,000	\$16.37	\$66,000	\$25.13	\$89,000	\$33.89
\$21,000	\$8.00	\$44,000	\$16.75	\$67,000	\$25.51	\$90,000	\$34.27
\$22,000	\$8.38	\$45,000	\$17.13	\$68,000	\$25.89	\$91,000	\$34.65
\$23,000	\$8.76	\$46,000	\$17.52	\$69,000	\$26.27	\$92,000	\$35.03
\$24,000	\$9.14	\$47,000	\$17.90	\$70,000	\$26.65	\$93,000	\$35.41
\$25,000	\$9.52	\$48,000	\$18.28	\$71,000	\$27.03	\$94,000	\$35.79
\$26,000	\$9.90	\$49,000	\$18.66	\$72,000	\$27.42	\$95,000	\$36.17
\$27,000	\$10.28	\$50,000	\$19.04	\$73,000	\$27.80	\$96,000	\$36.55
\$28,000	\$10.66	\$51,000	\$19.42	\$74,000	\$28.18	\$97,000	\$36.93
\$29,000	\$11.04	\$52,000	\$19.80	\$75,000	\$28.56	\$98,000	\$37.32
\$30,000	\$11.42	\$53,000	\$20.18	\$76,000	\$28.94	\$99,000	\$37.70
\$31,000	\$11.80	\$54,000	\$20.56	\$77,000	\$29.32	\$100,000	\$38.08
\$32,000	\$12.18	\$55,000	\$20.94	\$78,000	\$29.70	\$110,000	\$41.88
\$33,000	\$12.57	\$56,000	\$21.32	\$79,000	\$30.08	\$120,000	\$45.69
\$34,000	\$12.95	\$57,000	\$21.70	\$80,000	\$30.46	\$130,000*	\$49.50

*Your maximum weekly benefit amount is up to \$1,500. All salaries of \$130,000 and above have a monthly cost of \$49.50. If your salary is not noted in the above chart, refer to the following worksheet to calculate your cost of insurance.

1. Indicate your weekly earnings.	= \$
2. Multiply your weekly earnings by 60%.	= \$
3. If the amount in Step 2 is greater than \$1,500, indicate \$1,500. Otherwise, indicate the amount from Step 2.	= \$
4. Multiply the amount in Step 3 by the rate of \$ 0.033 to obtain your Total STD Monthly Cost.	= \$

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change.

About The Prudential Insurance Company of America

Prudential's famous Rock logo has been one of America's best-known icons. It's a symbol of the strength and trust that millions of Americans have placed in us to help them meet their most important financial goals.

The Prudential Insurance Company of America, is one of the leading providers of group insurance in the United States. Our resources, financial strength and stability allow us to honor long-term commitments to employers and employees alike.

Start The Process Of Enrolling In This Valuable Insurance TODAY!

To enroll, simply complete the Enrollment Form and return it as instructed.

After the date your Group Insurance becomes effective, you will receive a Certificate which details your plan provisions.

Disability coverage is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Disability Support: 1-800-290-5903. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. 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 terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.

General Information (Employee)		Effective Date of Coverage (for office use only) ____/____/____	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Social Security No. ____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Date of Birth Month Day Year ____/____/____
Date Employed Month Day Year ____/____/____	Your Annual Earnings \$ _____		(For Prudential Use Only) Control # 77111
Short Term Disability			
<input type="checkbox"/> I wish to enroll for the Short Term Disability insurance coverage. Payroll Deduction \$ _____ I authorize my employer to deduct contributions for the cost of the plan from my earnings.			
<input type="checkbox"/> No Short Term Disability insurance coverage chosen. I understand that in the event I desire such insurance at a later date, I will be required to furnish medical evidence of insurability at my own expense, and the insurance company will have the right to refuse my request.			
<p>FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA, 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.</p> <p>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 false, incomplete, or misleading information is guilty of a felony of the third degree.</p>			
Employee Signature _____		Date (Month, Day, Year) _____	

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

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