



The Prudential Insurance Company of America
PO Box 696035
San Antonio, TX 78269

Address Service Requested

Test Member Surname
Test Address
MANCHACA, TX 78652

October 23, 2023

Control Number: 97000
Product/Certificate Number:
Accidental Treatment Based/6099962
Critical Illness/6099964
Voluntary Hospital Indemnity/6099963

Dear Test Member Surname,

Welcome to Prudential! Your new benefits are a smart choice to help you stay on track financially.

Why we are contacting you

We want to help you understand your coverage. Enclosed is your Confirmation of Coverage providing an overview of the benefits you enrolled in and the payroll deducted or employer paid rate. This is not a bill. These benefits are described in detail within your Certificate of Coverage and Booklet—available through your employer. If you enrolled in more than one voluntary product, you will receive a separate welcome kit for each voluntary product you enrolled in.

What you need to do

Registering on the MyPru service portal is a great way to get started with your new benefits.

- Go to mybenefits.prudential.com and select "Register Now". If you've already registered, simply enter your user name and password.

You will be able to:

- View your benefits and covered dependents
- Submit and track claims
- Review any communications
- Access forms and documents

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ.

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GL.2019.289

When you're ready to send us a claim

Submitting a claim is simple. You can send us your claim online, by mail or fax, and our experts will take care of the rest.

1. **Start your claim.** We can start your claim over the phone by calling 1-855-483-1438, 8am-9pm EST/5am-6pm PST, M-F. Or you can login to the MyPru portal, mybenefits.prudential.com to submit your claim or download a claim form.
2. **Provide required information.**
 - Complete the employee/claimant information.
 - Include supporting documentation, such as reports, invoices, admission and discharge papers or medical documentation, to help us review your claim quickly.
3. **Send us your claim.**
 - a. Online: mybenefits.prudential.com
 - b. Mail: Prudential Claims, PO Box 71330, Philadelphia, PA 19176-1330
 - c. Fax: 1-844-929-9780

We're here to help

Please contact us with any questions or to check on the status of your claim. Simply call 1-855-483-1438, 8am-9pm EST/5am-6pm PST, M-F, and one of our customer service representatives will be glad to assist you.

Important Note

Some states require supplemental health benefits contracts to include a "right to examine" the contract. The "right to examine" period allows you to terminate your coverage within 31 days from the date you received this letter and to provide a full refund of the premiums you already paid. To determine if your state requires a "right to examine" the contract, visit our website at www.prudential.com/etonline. When accessing the website, you will need to select your state of residence and enter an access code, which is:

Accident = VACC1

Critical Illness = CR1

Hospital Indemnity = HIP1

If your state requires and you wish to terminate your coverage under the right to examine provision, you must notify us in writing to the address below with the postmark dated within the "right to examine" time period.

The Prudential Insurance Company of America
PO Box 696035
San Antonio, TX 78269

Sincerely,

Voluntary Benefit Services

Your insurance plan is a fully-insured plan underwritten by The Prudential Insurance Company of America ("Prudential"), a New Jersey company located at 751 Broad Street, Newark, NJ, 07102, and issued to Test University, LLC. "Fully-insured plan" means a contract with Prudential whereby Prudential assumes sole legal and financial responsibility for the payment of all covered benefits as described in your insurance plan. The Booklet-Certificate contains all details, including policy exclusions, limitations, and restrictions which may apply. Accenture Insurance Services, LLC ("AIS"), a Delaware company located at 500 West Madison Street, Chicago, Illinois 60661, is not an insurer. AIS is a third-party administrator that has contracted with Prudential to provide certain administrative services, such as claims processing, on Prudential's behalf.

Confirmation of Coverage

Accidental Treatment Based

| | |
|---|-------------------------------------|
| Contract Holder: | Test University |
| Group Contract No.: | 97000 |
| Original Effective Date of Coverage: | 01/01/2023 |
| Coverage As Of: | 01/01/2023 |
| Employee: | Test Member Surname |
| Employee's Address: | Test Address MANCHACA, TX, 78652 |

Employee Voluntary Accident Coverage:

| | |
|-------|---|
| Tier: | EE |
| | EE = Employee Only ES = Employee & Spouse EC = Employee & Child(ren) FM = Family |

| | |
|-------------------------|------------|
| Employee Date of Birth: | 01/01/1983 |
|-------------------------|------------|

| | |
|----------------------------------|--------|
| Total Premium: (Monthly Rate) | \$9.41 |
|----------------------------------|--------|

Additional Benefits.

If any changes occurred in your elections or employment status on or after the original effective date of coverage please disregard this letter.

These benefits are described in detail within your Certificate of Coverage and Booklet.

If you have any questions regarding your Coverage, please contact:

Prudential — Voluntary Benefit Services
PO Box 696035 San Antonio, TX 78269
1-844-455-1002

Confirmation of Coverage

Critical Illness

| | |
|---|-------------------------------------|
| Contract Holder: | Test University |
| Group Contract No.: | 97000 |
| Original Effective Date of Coverage: | 01/01/2023 |
| Coverage As Of: | 01/01/2023 |
| Employee: | Test Member Surname |
| Employee's Address: | Test Address MANCHACA, TX, 78652 |
| <i>Member Critical Illness Coverage:</i> | <i>Applies</i> |
| Amount of Insurance: | \$30,000.00 |
| Total Premium: (Monthly Rate) | \$32.52 |

If any changes occurred in your elections or employment status on or after the original effective date of coverage please disregard this letter.

These benefits are described in detail within your Certificate of Coverage and Booklet.

If you have any questions regarding your Coverage, please contact:

Prudential — Voluntary Benefit Services
PO Box 696035 San Antonio, TX 78269
1-844-455-1002

Confirmation of Coverage

Voluntary Hospital Indemnity

| | |
|---|---|
| Contract Holder: | Test University |
| Group Contract No.: | 97000 |
| Original Effective Date of Coverage: | 01/01/2023 |
| Coverage As Of: | 01/01/2023 |
| Employee: | Test Member Surname |
| Employee's Address: | Test Address MANCHACA, TX, 78652 |
| <i>Employee Voluntary Hospital Indemnity Coverage:</i> | <i>Applies</i> |
| Tier: | EE EE = Employee Only ES = Employee & Spouse EC = Employee & Child(ren) FM = Family |
| Employee Date of Birth: | 01/01/1983 |
| Total Premium: (Monthly Rate) | \$14.80 |

Additional Benefits.

If any changes occurred in your elections or employment status on or after the original effective date of coverage please disregard this letter.

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