



The Prudential Insurance Company of America
Record Keeping Services
PO Box 13676
Philadelphia, PA 19176
(800) 778-3827

Dear New Uniformed Firefighter:

The City of Chicago is committed to offering a benefits package that continues to meet its employees' changing benefit needs. Life insurance is a valuable and important component of the benefits package. This insurance coverage is issued by The Prudential Insurance Company of America (Prudential). For over 95 years, Prudential has provided group life insurance plans that help protect families' financial security and peace of mind.

As a Uniformed Firefighter of the City of Chicago, you are automatically enrolled for \$75,000 of City-paid Term Life Insurance and \$5,000 of City-paid Accidental Death and Dismemberment (AD&D) Insurance coverage. These benefits become effective on the first day of the month following your date of hire.

You may purchase additional Optional Term Life Insurance coverage up to ten times your covered annual earnings, to a maximum of \$1,500,000, subject to Prudential's underwriting requirements. Coverage may also be available for your spouse and eligible children.

New hires get the lesser of three times your covered annual earnings, not to exceed \$1,000,000—with no medical questions asked—when enrolling within 31 days following your date of hire. Any amounts over three times your covered annual earnings, not to exceed \$1,000,000, require proof of good health satisfactory to Prudential. These benefits also become effective on the first day of the month following your date of hire.

We appreciate the opportunity to serve you. If you have any questions or would like more information, please contact our Customer Service Office at 1-800-778-3827. We are available Monday through Friday between 7:00 a.m. and 5:00 p.m., Central time. If you are using a telecommunications device for the hearing impaired (TDD), please call 1-800-496-1214, Monday through Friday, between 7:00 a.m. and 5:00 p.m., Central time. One of our customer service representatives will be glad to help you.

Sincerely,

Record Keeping Services

Group Term Life Insurance, Optional Term Life Insurance, and Accidental Death & Dismemberment (AD&D) Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500.

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GROUP INSURANCE

Basic Term Life Insurance
Basic Accidental Death & Dismemberment (AD&D) Insurance
Optional Term Life Insurance
Optional Dependent Term Life Insurance

Issued by The Prudential Insurance Company of America

City of Chicago
Uniformed Firefighters



Help Protect the Ones You Love

Life is full of pleasant surprises and, at the same time, life holds many uncertainties. It's easier to plan for happy events you know will occur, such as buying a home, paying for a wedding, or saving for college tuition costs. It's more difficult to plan for the unexpected—a serious accident or death.

For these times, it's important that you have enough life insurance coverage for you and your family. Your current life insurance plans may not offer enough protection.

Together with your employer, The Prudential Insurance Company of America offers you the opportunity to purchase additional term life insurance, which can help further safeguard your earnings and cover your financial obligations in the event of your death.

Our voluntary group term life plans offer:

- ✓ **Choice of Coverage**—You have the opportunity to obtain additional life insurance protection and to choose the level of coverage that's right for you.
- ✓ **Guaranteed Coverage**—You can obtain coverage under most of our plans without providing any medical information when you enroll within a specified period.
- ✓ **Economical Group Rates**—Our plan is available to you at group rates, which are competitive with individual rates.
- ✓ **Convenient Payroll Deduction**—Your premium contributions are deducted from your paycheck, so there's no check writing or mail delays.
- ✓ **Coverage Conversion**—If your employment ends, your coverage may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America.
- ✓ **Peace of Mind**—Having a plan for the unexpected can give both you and your family peace of mind.

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

Employee Coverage

- ◆ Basic Term Life: you are automatically enrolled for \$75,000.
- ◆ Basic AD&D: you are automatically enrolled for \$5,000.
- ◆ Benefits are paid at certain percentages of your coverage amount for specific accidental losses, as indicated in the chart below. Not more than 100% of your coverage amount is payable for all losses due to the same accident.

Life	100%	Paraplegia	75%
Sight in both eyes	100%	Hemiplegia	50%
Both hands or both feet	100%	One hand or one foot	50%
One hand & one foot	100%	Sight in one eye	50%
Sight in one eye & one hand or one foot	100%	Speech	50%
Speech & hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finger on the same hand	25%

Seat Belt Benefit — \$500.

Air Bag Benefit — \$500.

Additional Benefits -

Loss Due to Exposure and Disappearance Benefit

Loss Due to Coma Benefit
Critically Burned Benefit Child(ren) Tuition

- ◆ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy insured by The Prudential Insurance Company of America.
- ◆ AD&D exclusions — A loss is not covered if it results from suicide or attempted suicide; intentionally self-inflicted injuries or an attempt at same; sickness; medical or surgical treatment of sickness; certain bacterial or viral infections (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances); act of war; certain full-time military duty; commission of, or attempt to commit a felony; legal intoxication or drug use; certain hazardous sports; certain travel or flight in a vehicle used for aerial navigation. This provision may vary by state. Refer to the plan booklet for details.

Employee Coverage

- ◆ Coverage is available for one, two, three, four, five, six, seven, eight, nine, or ten times your covered annual earnings, not to exceed \$1,500,000.
- ◆ **New Hires:** You can select to enroll for the lesser of three times your annual earnings, not to exceed \$1,000,000 without providing proof of good health satisfactory to The Prudential Insurance Company of America, if you apply when first eligible.
- ◆ **Current Participants:** Your current coverage amount will be continued. Proof of good health satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
- ◆ **Current Employees who have waived coverage or were denied coverage in the past:** Proof of good health satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your group insurance through a portability provision.

Spouse/ Same and Opposite Sex Domestic Partner Coverage

- ◆ Coverage is available for your spouse/same and opposite sex domestic partner for either \$10,000, \$25,000, or \$50,000, not to exceed 100% of your Optional Term Life coverage amount.
- ◆ **New Hires:** You may select to enroll your spouse/same and opposite sex domestic partner for up to \$25,000, without providing proof of good health satisfactory to The Prudential Insurance Company of America, if you enroll when first eligible.
- ◆ **Current spouse/same and opposite sex domestic partner Participants:** Your spouse's/same and opposite sex domestic partner's current coverage amount will be continued. Proof of good health satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
- ◆ **Current Employees whose spouse's/ same and opposite sex domestic partner's have waived coverage or have been denied coverage in the past:** Proof of good health satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If your spouse is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your spouse's group insurance through a portability provision.

Child(ren) Coverage

- ◆ Dependent Term Life coverage has one premium rate that covers all eligible children.
- ◆ Coverage is available for \$5,000 or \$10,000, not to exceed 100% of your Optional Term Life coverage amount.
- ◆ No proof of good health satisfactory to The Prudential Insurance Company of America is required.
- ◆ If your dependent children are confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ Coverage begins from at live birth and continues to age 19, if unmarried. If the child is unmarried, dependent on you and a full-time student, coverage continues to age 25.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your child(ren)'s group insurance through a portability provision.

RATE SHEET

City of Chicago

Issued by The Prudential Insurance Company of America

Rates Effective: June 1, 2012

Optional Term Life* Employee

Age <i>(Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)</i>	Monthly Cost of Insurance <i>(Rates per \$1,000 of Coverage)</i> For Employee
Under 25	\$ 0.042
25-29	\$ 0.051
30-34	\$ 0.068
35-39	\$ 0.076
40-44	\$ 0.085
45-49	\$ 0.127
50-54	\$ 0.195
55-59	\$ 0.364
60-64	\$ 0.558
65-69	\$ 1.074
70+	\$ 1.743

Cost of insurance for coverage, which is 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.

Optional Dependent Term Life* Spouse/ Same and Opposite Sex Domestic Partner

Age <i>(Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)</i>	Monthly Cost of Insurance <i>(Rates per \$1,000 of Coverage)</i> For Spouse
Under 25	\$ 0.042
25-29	\$ 0.051
30-34	\$ 0.068
35-39	\$ 0.076
40-44	\$ 0.085
45-49	\$ 0.127
50-54	\$ 0.195
55-59	\$ 0.364
60-64	\$ 0.558
65-69	\$ 1.074
70+	\$ 1.743

Spouse rate is based on employee's date of birth.

Cost of insurance for coverage, which is 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.

Optional Dependent Term Life* Child(ren)

Monthly Cost of Insurance

(Cost for \$5,000 of Coverage)

For Child(ren)

\$ 0.29

Monthly Cost of Insurance

(Cost for \$10,000 of Coverage)

For Child(ren)

\$ 0.57

One rate covers all of your eligible children.

Cost of insurance for coverage, which is 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.

How Much Does This Insurance Cost?

Optional Term Life* Employee

Follow this worksheet to determine your monthly cost of insurance. Refer to the above Rate Sheet to find the monthly rate per \$1,000 of coverage based on your age.

Steps to Determine Cost of Insurance	Worksheet
1. Select desired amount of coverage. (Coverage is available for one, two, three, four, five, six, seven, eight, nine or ten times your covered annual earnings, not to exceed \$1,500,000.)	\$ _____
2. Locate your age on the Rate Sheet and note the corresponding monthly rate.	The monthly rate per \$1,000 is \$ _____
3. Divide your selected amount of coverage by \$1,000. Then multiply the result by the monthly rate for your age. The answer is your monthly cost of insurance.	$\$ \text{_____} \text{ divided by } \$1,000 = \$ \text{_____}$ $\$ \text{_____} \text{ multiplied by } \$ \text{_____} = \$ \text{_____}$ Total Monthly Cost of Insurance = \$ _____

Optional Dependent Term Life* Spouse/ Same and Opposite Sex Domestic Partner

Follow this worksheet to determine your spouse's monthly cost of insurance. Refer to the above Rate Sheet to find the monthly rate per \$1,000 of coverage based on your age.

Steps to Determine Cost of Insurance	Worksheet
1. Select desired amount of coverage. (Coverage is available for your spouse in amounts of \$10,000, \$25,000 or \$50,000, not to exceed 100% of your Optional Term Life coverage amount. Refer to the Dependent Term Life section for evidence of insurability details.)	\$ _____
2. Locate your age on the Rate Sheet and note the corresponding monthly rate.	The monthly rate per \$1,000 is \$ _____
3. Divide the selected amount of coverage by \$1,000. Then multiply the result by the monthly rate for your age. The answer is your spouse's monthly cost of insurance.	$\$ \text{_____} \text{ divided by } \$1,000 = \$ \text{_____}$ $\$ \text{_____} \text{ multiplied by } \$ \text{_____} = \$ \text{_____}$ Total Monthly Cost of Insurance = \$ _____

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.

Enroll today for this valuable coverage!

For additional information, contact Prudential's Record Keeping Services at 1-800-778-3827.

To enroll, simply complete the Enrollment Form, including the Beneficiary Designations, which are located at the end of this booklet.

Important: Mail completed Enrollment Form, including the Beneficiary Designation Form to:

Prudential, P.O. Box 13676,
Philadelphia, PA 19176

After the date your insurance becomes effective, you will receive a confirmation of coverage letter.

Group Term Life and Accidental Death and Dismemberment coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Prudential and the Rock logo are registered service marks of The Prudential Insurance Company of America. 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. ____ - ____ - ____	Marital Status <input type="radio"/> Single <input type="radio"/> Divorced	<input type="radio"/> Married <input type="radio"/> Widowed	Date of Birth Month Day Year ____ / ____ / ____
Date Employed Month Day Year ____ / ____ / ____	Your Annual Earnings \$ _____		(For Prudential Use Only) Control # 44004

Optional Term Life

If you are a new hire, you can elect up to the lesser of 3 times your covered annual earnings to a maximum of \$1,000,000 without evidence of insurability. If you are a current employee, refer to plan details above to determine the amount of coverage you can enroll in without evidence of insurability.

- 1 Times your covered annual earnings: \$ _____
- 2 Times your covered annual earnings: \$ _____
- 3 Times your covered annual earnings: \$ _____
- 4 Times your covered annual earnings: \$ _____
- 5 Times your covered annual earnings: \$ _____
- 6 Times your covered annual earnings: \$ _____
- 7 Times your covered annual earnings: \$ _____
- 8 Times your covered annual earnings: \$ _____
- 9 Times your covered annual earnings: \$ _____
- 10 Times your covered annual earnings: \$ _____
- No coverage chosen.

Optional Dependent Term Life

You must be enrolled for Optional Term Life to elect coverage for your dependents. If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.

Spouse/ Same and Opposite Sex Domestic Partner Children

- Coverage amount chosen: \$10,000
- Coverage amount chosen: \$25,000
- Coverage amount chosen: \$50,000
- Coverage amount chosen: \$5,000
- Coverage amount chosen: \$10,000
- No coverage chosen.
- No coverage chosen.

Important: Mail completed Enrollment Form, including the Beneficiary

**Designation Form to:
Prudential, P.O. Box 13676
Philadelphia, PA 19176**

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

Group Life and Accidental Death and Dismemberment coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. 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 Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500. *Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.*



Employee General Information			
Last Name	First Name	Middle Initial	Social Security No. ____ - ____ - ____
_____	_____	_____	

Acceptance or Waiver of Coverage	
<input type="checkbox"/>	I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the bi-monthly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.
<input type="checkbox"/>	I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.
<p>FOR RESIDENTS OF ALL STATES EXCEPT DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, 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>	
Employee Signature _____	Date (Month, Day, Year) _____

**Important: Mail completed Enrollment Form, including the Beneficiary Designation Form to:
Prudential, P.O. Box 13676
Philadelphia, PA 19176**

You must also complete a separate beneficiary designation form.



Beneficiary Designation – City of Chicago**Control # 44004****Employee General Information**

Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	____ - ____ - ____

Beneficiary Designation

If more than one beneficiary is desired, please write their name(s) and relationship(s) on the lines below. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Basic Term Life, AD&D, Optional Term Life – Primary Beneficiary Designation

(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____

Address: _____

(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____

Address: _____

Basic Term Life, AD&D, Optional Term Life – Contingent Beneficiary Designation

(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____

Address: _____

(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____

Address: _____

The above beneficiary designation only applies to: Basic Term Life/AD&D Optional Term Life**Employee Signature** _____ **Date (Month, Day, Year)** _____**Important: Mail completed Enrollment Form, including the Beneficiary**

Designation Form to:
Prudential, P.O. Box 13676
Philadelphia, PA 19176

The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 800-524-0542.

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**Prudential**