





Short Form Health Statement Questionnaire (Please print in black ink)

Group Contract No. 34371

Member's First Name MI Last Name

Member Social Security Number

Applicant's First Name MI Last Name

Street Apt.

City State ZIP Code

Date of Birth Social Security Number

Gender: Male Female Height: ft. in. Weight: lbs.

Please answer these questions by checking "Yes" or "No".

- Yes No Do you currently have any disorder, condition...
Yes No During the last five years, have you been in a hospital...
Yes No During the last five years, have you had life, disability...
Yes No Within the last five years, have you been diagnosed with...

Prudential reserves the right to request additional health information on the basis of responses given to the above questions.

I declare that, to the best of my knowledge and belief, the statements made on this application are complete and true. I certify that I have read, or had read to me, the completed application, and I realize that any false statement or misrepresentation in this application may result in loss of coverage under the plan.

X Applicant's Signature (unless a minor) Date

X If applicant is a minor, Signature of Parent, Guardian, or Person Liable for Support of Applicant Date

**Important Notice: 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 or 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. **New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Pennsylvania and Utah Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Vermont Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law. **Virginia Residents:** 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 a statement of claim for payment of a loss or benefit may have violated state law, is 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. **Washington Residents:** Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

**Please keep this notice for your records.**

**Beneficiary Designation:** If you name more than one beneficiary, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) that survive you, unless otherwise provided in the designation. If no named beneficiary survives you, settlement will be made to your estate. The beneficiary named herein will be the beneficiary for your total amount of insurance coverage issued pursuant to the Plan of Insurance of the National Automobile Dealers Insurance Trust.

**ACCELERATED DEATH BENEFITS: 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 DISCOUNTED.**