

**The Prudential Insurance Company of America**  
 751 Broad Street, Newark, New Jersey 07102  
**Boyd Management, Inc.**  
**Annual Optional Employee Term Life Increase Request**

<b>1. Employee Information (to be completed by employee)</b>		
Last Name	First Name	MI
Social Security Number _____ - _____ - _____	Hire Date 03/10/2003 ____/____/____	Current Salary Amount \$ _____
Policy/Control # 79724	Policyholder Name Boyd Management Inc.	

<b>2. Group Term Life Insurance Coverage Amount(s) (to be completed by employee)</b>	
Indicate your current Optional Employee Term Life amount and the additional coverage amount you are requesting:	
Current Optional Employee Term Life Amount:	\$ _____
<b>Increase Amount Requested:</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> Other*	+ \$ _____
New Total Amount Requested:	= \$ _____ **
<p><b>NOTE:</b> This is available for Employee coverage only. For Dependent coverage, please get the appropriate form from your employer.          The effective date of this change will be your group plan anniversary date, unless otherwise indicated by your employer.</p>	
<p><b>For residents of all states except the District of Columbia, Florida, Kentucky, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington; WARNING:</b> 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><b>DISTRICT OF COLUMBIA RESIDENTS</b> – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p><b>FLORIDA RESIDENTS</b> – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.</p> <p><b>KENTUCKY RESIDENTS</b> - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.</p> <p><b>NEW JERSEY RESIDENTS</b> - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>	

**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 material fact 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.

**3. Employee Signature**

I authorize my employer to deduct contributions for the cost of the plan from my earnings.

x

*Employee's Signature*

*Date*

**4. Employer Use Only**

*Signature*

*Date*

Effective Date of Change: | 0 | 9 | 0 | 1 | 2 | 0 | 1 | 0 | (mm/dd/yyyy)

**PLEASE COMPLETE ENTIRE FORM AND RETURN TO YOUR HUMAN RESOURCES REPRESENTATIVE IF ADDING COVERAGE OR INCREASING COVERAGE**

\*subject to Evidence of Insurability

\*\*subject to Plan Maximum; without Evidence of Insurability, increase is limited to \$40,000

Prudential

Eligibility Department FAX: 866-764-0547

**Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Please contact your personal tax advisor for further information. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.**

Group Term Life coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. 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 Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC #68241. Contract series: 83500