



▶ **HELP PROTECT YOUR LOVED ONES—
AND YOUR INCOME**

DICKINSON COLLEGE
Full Time Employees Hired On or After 1/1/2008

- Basic Term Life Insurance
- Basic Accidental Death & Dismemberment Insurance
- Optional Term Life Insurance
- Optional Dependent Life Insurance
- Optional Accidental Death & Dismemberment Insurance
- Long Term Disability Insurance

The Prudential Insurance Company of America



“How much life insurance is enough?”

The right amount of insurance can help your family. It helps replace your income for a number of years to maintain their standard of living and pay for major financial obligations, such as home mortgage and college tuition.

While rules of thumb may be helpful, they do not take each individual’s personal situation into consideration. This worksheet provides a simple method to estimate the amount of life insurance you may need.

Income Needs

1. **Your annual income.** (What your family would need if you die today.) Enter a number that’s between 60–70% of your total income. 1. \$
2. **Annual replacement income.** (Available to your family after you die.) Enter a number that includes Social Security benefits, if applicable. 2. \$
3. **Total annual income to be replaced.** Subtract line 2 from line 1. 3. \$
4. **Funds needed to provide income for _____ years.** Choose the number of years your family needs your replacement income. Multiply line 3 by the appropriate factor below. † 4. \$

10 yrs x 8.1	15 yrs x 11.1	20 yrs x 13.6	25 yrs x 15.6	30 yrs x 17.3	35 yrs x 18.7	40 yrs x 20.0
--------------	---------------	---------------	---------------	---------------	---------------	---------------

Expenses

5. **Burial expenses.** (The average cost of an adult funeral is about \$10,000.) 5. \$
6. **Mortgage and other major debts.** Include mortgage, credit card debt, car loan, home equity loans, etc. 6. \$
7. **College costs.** ‡ (Current cost of a 4 year education: public—\$71,440; private—\$158,072.) Multiply the college costs by the appropriate factor, based on the number of years between now and when your child begins college. 7. \$

5 yrs x .82	10 yrs x .68	15 yrs x .56	20 yrs x .46
-------------	--------------	--------------	--------------

Child 1: \$ _____ Child 3: \$ _____
 Child 2: \$ _____ Child 4: \$ _____

8. **Total capital required.** Add lines 4, 5, 6 and 7. 8. \$

Assets

9. **Savings and investments.** Include bank accounts, CDs, stocks, bonds, mutual funds, real estate/rental property, etc. 9. \$
10. **Retirement savings.** Include 401(k) plans, Keogh, pension and profit sharing plans. 10. \$
11. **Present amount of life insurance.** Include group insurance and personal insurance purchased on your own. 11. \$
12. **Total of all assets.** Add lines 9, 10 and 11. 12. \$
13. **Estimated amount of life insurance needed.** Subtract line 12 from line 8. 13. \$

† Inflation is assumed to be 4%. The rate of return on investments is assumed to be 8%.

‡ The College Board, **Trends in College Pricing 2012** . Costs include tuition, room, board, books and supplies, transportation, and other expenses.

“How much insurance can I buy?”

You can customize coverage to fit your family's needs. Your salary determines the maximum coverage amount available to you. See the chart below for details.

Coverage Options	
EMPLOYEE Optional Term Life	<ul style="list-style-type: none"> ■ Purchase coverage in increments of \$10,000 up to a maximum of \$300,000. You must elect a minimum of \$20,000 to be eligible for the maximum amount of \$10,000 for Optional Dependent Term Life Insurance for your chil(dren). <ul style="list-style-type: none"> ■ New Hires: Get up to \$160,000 - no medical questions asked - when enrolling when first eligible in Optional Group Term Life. ■ Current Participants: Your current coverage amount will be continued . Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts. ■ Current Employees who were denied coverage in the past, Current Employees who waived coverage in the past or Late Entrants (did not enroll when first eligible): Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts. ■ Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70 and 65% at age 75.
EMPLOYEE Optional AD&D +	<ul style="list-style-type: none"> ■ Purchase coverage in increments of \$10,000 up to a maximum of \$300,000. ■ Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70 and 65% at age 75.
SPOUSE Optional Dependent Life	<ul style="list-style-type: none"> ■ Purchase coverage for your spouse in increments of \$10,000 up to a maximum of \$150,000, not to exceed 50% of your Optional Term Life coverage amount. <ul style="list-style-type: none"> ■ New Hires: Get up to \$10,000 for your spouse- no medical questions asked - when enrolling when first eligible in Optional Dependent Group Term Life. ■ Current Spouse Participants: Your spouse's current coverage amount will be continued. Evidence of insurability satisfactory to the Prudential Insurance Company of America is required for all increases in coverage amounts. ■ Current Employees whose spouse has been denied coverage in the past, Current Employees who waived spouse coverage in the past or Late Entrants (did not enroll when first eligible): Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
SPOUSE Optional AD&D +	<ul style="list-style-type: none"> ■ Purchase coverage for your spouse in increments of \$10,000 up to a maximum of \$150,000. ■ You must be enrolled in Optional AD&D Insurance in order to elect to enroll your spouse for Optional AD&D Insurance.
CHILDREN Dependent Term Life	<ul style="list-style-type: none"> ■ Purchase coverage for your children in amounts of \$2,500, \$5,000, \$7,500, or \$10,000, not to exceed 50% of your Optional Term Life coverage amount. There are no health requirements for this coverage. ■ Coverage begins from 14 days, and continues to age 26, if unmarried and dependent on you.

"How much insurance can I buy" (continued from previous page)

Coverage Options

**CHILDREN
Optional AD&D +**

- Purchase coverage in amounts of \$2,500, \$5,000, \$7,500 or \$10,000
- Coverage begins at live birth and continues to age 26, if unmarried and dependent on you.
- You must be enrolled in Optional AD&D Insurance in order to elect to enroll your child(ren) for Optional AD&D Insurance.

+ This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

“How much does life insurance cost?”

Use the grids below to find the cost of insurance for yourself, your spouse, and each of your children.

Optional Term Life - Employee Semi-Monthly Cost per Coverage Amount										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
< 30	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	\$2.93	\$3.25
30-34	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	\$2.93	\$3.25
35-39	\$0.40	\$0.79	\$1.19	\$1.58	\$1.98	\$2.37	\$2.77	\$3.16	\$3.56	\$3.95
40-44	\$0.57	\$1.14	\$1.71	\$2.28	\$2.85	\$3.42	\$3.99	\$4.56	\$5.13	\$5.70
45-49	\$0.86	\$1.72	\$2.58	\$3.44	\$4.30	\$5.16	\$6.02	\$6.88	\$7.74	\$8.60
50-54	\$1.37	\$2.73	\$4.10	\$5.46	\$6.83	\$8.19	\$9.56	\$10.92	\$12.29	\$13.65
55-59	\$2.20	\$4.39	\$6.59	\$8.78	\$10.98	\$13.17	\$15.37	\$17.56	\$19.76	\$21.95
60-64	\$3.37	\$6.73	\$10.10	\$13.46	\$16.83	\$20.19	\$23.56	\$26.92	\$30.29	\$33.65
65-69	\$5.71	\$11.41	\$17.12	\$22.82	\$28.53	\$34.23	\$39.94	\$45.64	\$51.35	\$57.05
70-74	\$10.83	\$21.65	\$32.48	\$43.30	\$54.13	\$64.95	\$75.78	\$86.60	\$97.43	\$108.25
75+	\$20.44	\$40.88	\$61.32	\$81.76	\$102.20	\$122.64	\$143.08	\$163.52	\$183.96	\$204.40
Age	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
< 30	\$3.58	\$3.90	\$4.23	\$4.55	\$4.88	\$5.20	\$5.53	\$5.85	\$6.18	\$6.50
30-34	\$3.58	\$3.90	\$4.23	\$4.55	\$4.88	\$5.20	\$5.53	\$5.85	\$6.18	\$6.50
35-39	\$4.35	\$4.74	\$5.14	\$5.53	\$5.93	\$6.32	\$6.72	\$7.11	\$7.51	\$7.90
40-44	\$6.27	\$6.84	\$7.41	\$7.98	\$8.55	\$9.12	\$9.69	\$10.26	\$10.83	\$11.40
45-49	\$9.46	\$10.32	\$11.18	\$12.04	\$12.90	\$13.76	\$14.62	\$15.48	\$16.34	\$17.20
50-54	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48	\$21.84	\$23.21	\$24.57	\$25.94	\$27.30
55-59	\$24.15	\$26.34	\$28.54	\$30.73	\$32.93	\$35.12	\$37.32	\$39.51	\$41.71	\$43.90
60-64	\$37.02	\$40.38	\$43.75	\$47.11	\$50.48	\$53.84	\$57.21	\$60.57	\$63.94	\$67.30
65-69	\$62.76	\$68.46	\$74.17	\$79.87	\$85.58	\$91.28	\$96.99	\$102.69	\$108.40	\$114.10
70-74	\$119.08	\$129.90	\$140.73	\$151.55	\$162.38	\$173.20	\$184.03	\$194.85	\$205.68	\$216.50
75+	\$224.84	\$245.28	\$265.72	\$286.16	\$306.60	\$327.04	\$347.48	\$367.92	\$388.36	\$408.80
Age	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
< 30	\$6.83	\$7.15	\$7.48	\$7.80	\$8.13	\$8.45	\$8.78	\$9.10	\$9.43	\$9.75
30-34	\$6.83	\$7.15	\$7.48	\$7.80	\$8.13	\$8.45	\$8.78	\$9.10	\$9.43	\$9.75
35-39	\$8.30	\$8.69	\$9.09	\$9.48	\$9.88	\$10.27	\$10.67	\$11.06	\$11.46	\$11.85
40-44	\$11.97	\$12.54	\$13.11	\$13.68	\$14.25	\$14.82	\$15.39	\$15.96	\$16.53	\$17.10
45-49	\$18.06	\$18.92	\$19.78	\$20.64	\$21.50	\$22.36	\$23.22	\$24.08	\$24.94	\$25.80
50-54	\$28.67	\$30.03	\$31.40	\$32.76	\$34.13	\$35.49	\$36.86	\$38.22	\$39.59	\$40.95
55-59	\$46.10	\$48.29	\$50.49	\$52.68	\$54.88	\$57.07	\$59.27	\$61.46	\$63.66	\$65.85
60-64	\$70.67	\$74.03	\$77.40	\$80.76	\$84.13	\$87.49	\$90.86	\$94.22	\$97.59	\$100.95
65-69	\$119.81	\$125.51	\$131.22	\$136.92	\$142.63	\$148.33	\$154.04	\$159.74	\$165.45	\$171.15
70-74	\$227.33	\$238.15	\$248.98	\$259.80	\$270.63	\$281.45	\$292.28	\$303.10	\$313.93	\$324.75
75+	\$429.24	\$449.68	\$470.12	\$490.56	\$511.00	\$531.44	\$551.88	\$572.32	\$592.76	\$613.20

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Optional Dependent Life - Spouse Semi-Monthly Cost per Coverage Amount									
Spouse rate is based on Spouse's age									
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	
0-24	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	
25-29	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	
30-34	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	
35-39	\$0.40	\$0.79	\$1.19	\$1.58	\$1.98	\$2.37	\$2.77	\$3.16	
40-44	\$0.57	\$1.14	\$1.71	\$2.28	\$2.85	\$3.42	\$3.99	\$4.56	
45-49	\$0.86	\$1.72	\$2.58	\$3.44	\$4.30	\$5.16	\$6.02	\$6.88	
50-54	\$1.37	\$2.73	\$4.10	\$5.46	\$6.83	\$8.19	\$9.56	\$10.92	

"How much it will cost?" (continued from previous page)

55-59	\$2.20	\$4.39	\$6.59	\$8.78	\$10.98	\$13.17	\$15.37	\$17.56
60-64	\$3.37	\$6.73	\$10.10	\$13.46	\$16.83	\$20.19	\$23.56	\$26.92
65-69	\$5.71	\$11.41	\$17.12	\$22.82	\$28.53	\$34.23	\$39.94	\$45.64

Optional Dependent Life - Spouse Semi-Monthly Cost per Coverage Amount

Spouse rate is based on Spouse's age							
Age	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
0-24	\$2.93	\$3.25	\$3.58	\$3.90	\$4.23	\$4.55	\$4.88
25-29	\$2.93	\$3.25	\$3.58	\$3.90	\$4.23	\$4.55	\$4.88
30-34	\$2.93	\$3.25	\$3.58	\$3.90	\$4.23	\$4.55	\$4.88
35-39	\$3.56	\$3.95	\$4.35	\$4.74	\$5.14	\$5.53	\$5.93
40-44	\$5.13	\$5.70	\$6.27	\$6.84	\$7.41	\$7.98	\$8.55
45-49	\$7.74	\$8.60	\$9.46	\$10.32	\$11.18	\$12.04	\$12.90
50-54	\$12.29	\$13.65	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48
55-59	\$19.76	\$21.95	\$24.15	\$26.34	\$28.54	\$30.73	\$32.93
60-64	\$30.29	\$33.65	\$37.02	\$40.38	\$43.75	\$47.11	\$50.48
65-69	\$51.35	\$57.05	\$62.76	\$68.46	\$74.17	\$79.87	\$85.58

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Dependent Term Life - Children Semi-Monthly Cost per Coverage Amount

One premium rate covers all eligible children

\$2,500	\$5,000	\$7,500	\$10,000
\$0.31	\$0.63	\$0.94	\$1.25

Rates may change if plan experience requires a change for all insureds.

Optional Accidental Death & Dismemberment - Employee Semi-Monthly Cost per Coverage Amount

\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
\$0.13	\$0.25	\$0.38	\$0.50	\$0.63	\$0.75	\$0.88	\$1.00	\$1.13	\$1.25
\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
\$1.38	\$1.50	\$1.63	\$1.75	\$1.88	\$2.00	\$2.13	\$2.25	\$2.38	\$2.50
\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
\$2.63	\$2.75	\$2.88	\$3.00	\$3.13	\$3.25	\$3.38	\$3.50	\$3.63	\$3.75

Optional Accidental Death & Dismemberment - Spouse Semi-Monthly Cost per Coverage Amount

\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000
\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20
\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	
\$1.35	\$1.50	\$1.65	\$1.80	\$1.95	\$2.10	\$2.25	

Optional Accidental Death & Dismemberment - Children Semi-Monthly Cost per Coverage Amount One premium rate covers all eligible children

\$2,500	\$5,000	\$7,500	\$10,000
\$0.04	\$0.08	\$0.11	\$0.15

The Prudential Insurance Company of America

Employee General Information		Effective Date of Coverage (for office use only) / /		
Last Name	First Name	Middle Initial	Email	Phone
Address		City	State	Zip Code
Social Security Number - -	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Date of Birth Month Day Year / /	
Date Employed Month Day Year / /	Your Annual Earnings \$ _____	Spouse Date of Birth Month Day Year / /	(For Prudential Use Only) Control # <u>51992</u>	

Basic Term Life and Accidental Death & Dismemberment (AD&D)

Dickinson College offers you Basic Term Life and AD&D Insurance coverages at no cost to you. You will automatically be enrolled in these plans.

Optional Term Life

You must be enrolled for Optional Term Life to elect coverage for your dependents. Spouse coverage cannot exceed 50% of your Optional Term Life coverage amount. Child(ren) coverage cannot exceed 50% of your Optional Term Life coverage amount.

Employee

Coverage amount chosen: \$ _____ Semi-Monthly Payroll Deduction: \$ _____

Spouse

Coverage amount chosen: \$ _____ Semi-Monthly Payroll Deduction: \$ _____

Children

Coverage amount chosen: \$ _____ Semi-Monthly Payroll Deduction: \$ _____

Total Semi-Monthly Payroll Deduction: \$ _____

Optional Accidental Death & Dismemberment (AD&D)

Employee

Coverage amount chosen: \$ _____ Semi-Monthly Payroll Deduction: \$ _____

Spouse

Coverage amount chosen: \$ _____ Semi-Monthly Payroll Deduction: \$ _____

Children

Coverage amount chosen: \$ _____ Semi-Monthly Payroll Deduction: \$ _____

Total Semi-Monthly Payroll Deduction: \$ _____

Long Term Disability

Dickinson College offers you Long Term Disability Insurance coverage at no cost to you. You will automatically be enrolled in this plan.

Accelerated Death Benefit Option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill or chronically ill. You may wish to seek professional tax advice before exercising this option.

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

Basic Life, Accidental Death & Dismemberment, Optional Term Life, Dependent Term Life, Long-Term Disability, Short-Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-842-1718. The Booklet-Certificate contains all details, including any policy 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.
©2016 Prudential Financial, Inc. and its related entities.

Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

751 Broad Street, Newark, New Jersey 07102
1-877-232-3619



Employee General Information			
Last Name	First Name	Middle Initial	Last 4 digits of Social Security No. XXX - XX - _____
_____	_____	_____	_____

Acceptance of Coverage

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 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.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

Employee Signature: _____ Date (Month/Day/Year) ____ / ____ / ____

Employee General Information			
Last Name	First Name	Middle Initial	Last 4 digits of Social Security No. XXX - XX - _____
_____	_____	_____	_____

PENNSYLVANIA - 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.

If you have any questions, please see Human Resource Services for details.