

Subject to the conversion privilege contained in the Group Contract issued by The Prudential Insurance Company of America and described in your booklet/certificate, you may convert your group life insurance amount (or amount of reduction) to an individual contract by applying for the conversion and paying the first premium within 31 days after coverage termination. Application for conversion may be made at any branch office of Prudential Financial or you may mail this notice directly to Group Conversions, 290 West Mt. Pleasant Avenue, Mail Stop NJ-11-01-03, Livingston, New Jersey 07039-2729, or fax it to 973-548-6081. You may visit us online at www.prudential.com/giconversions or call our toll-free number at 877-889-2070.

**To be completed by Contract Holder:**

Policy No./Control No.

97332

Claim Branch No.

Name of Employee \_\_\_\_\_ Employee's Social Security # \_\_\_\_\_ Employee's Gender \_\_\_\_\_ Employee's Annual Salary \$ \_\_\_\_\_  
 Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Date of termination of employment \_\_\_\_\_  Date of termination of insurance if other than date of termination of employment \_\_\_\_\_  Date of reduction of insurance (if applicable) \_\_\_\_\_

If you are not subject to Title VII of the Civil Rights Act, please check off this box.

Amount of group life insurance (or amount of reduction) eligible for conversion:

<b>Employee</b>	<b>Dependent Child</b>	<b>Spouse</b>
Basic \$ _____	Social Security # _____	Social Security # _____
Optional \$ _____	Basic \$ _____	Basic \$ _____
	Optional \$ _____	Optional \$ _____
	Claim branch _____	Claim branch _____

Amount of accidental death benefit insurance (or amount of reduction) eligible for conversion (must equal the life insurance amount being converted):

<b>Employee</b>	<b>Dependent Child</b>	<b>Spouse</b>
Basic \$ _____	Social Security # _____ - -	Social Security # _____ - -
Optional \$ _____	Basic \$ _____	Basic \$ _____
	Optional \$ _____	Optional \$ _____
	Claim branch _____	Claim branch _____

Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Area Code/Telephone No. \_\_\_\_\_

Signature of Authorized Employer Representative \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Date Notice Received \_\_\_\_\_

X \_\_\_\_\_

Employee Term Life, Dependents Term Life, Employee Survivor Benefits Life, Group Universal Life and Group Variable Universal Life coverages are underwritten by the Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Contract Series: 83500. The Prudential Insurance Company of America is a Prudential Financial company. California COA #1179 NAIC # 68241.

**INSTRUCTIONS FOR COMPLETING CONVERSION APPLICATION**

1. Complete page 1 of the application. Sign and date the form.
2. Refer to page 2 for information on beneficiary designations and complete the beneficiary forms. Sign and date section 4 (Authorization/Signature).
4. See reverse for special instructions applicable to Servicemembers' and Veterans' Group Life Insurance.
5. Mail the completed application with the 1st premium payment to:

**The Prudential Insurance Company of America**  
 Group Medical Underwriting and Conversions  
 Mail Stop NJ-11-01-03  
 290 W. Mt. Pleasant Avenue  
 Livingston, NJ 07039-2729

You may visit us on line at [www.prudential.com/giconversions](http://www.prudential.com/giconversions) or call our toll-free number at 877-889-2070.

Insurance under the individual contract will become effective on the day after the last day of the conversion period provided by the group policy. If the effective date is after the 28th day of the month, the individual contract will be dated the 1st of the next month.

Employer/Association	Policy /Control Number <b>97332</b>	Social Security Number
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Insured's Name - First, Middle Initial, Last (Please print)

Address - Street	City	State	ZIP Code
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
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Type of policy applying for: <b>PGL</b>	Amount of Insurance Requested:
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If you were insured for accidental death benefits under the group plan you may be eligible to add an accidental death benefit (ADB) rider to the conversion policy. ADB pays an additional benefit if death is due to an accident as defined in the individual policy. The amount of ADB is equal to the amount of life insurance coverage you are converting.\*

\*Not available for Florida residents. The accidental death benefit is available for amounts between \$25,000 and \$500,000.

Are you requesting ADB ?  Yes  No

Premiums Payable:  Annually  Quarterly  PruMatic/Monthly\*

\*Monthly is only via electronic funds transfer (EFT) from bank account. If you select this option, please contact our toll-free number above for the EFT form.

Amount Paid (The full first premium must always be paid with application.)

\$

Present Employer Name and Address:

Can you get group life insurance with your present employer?  Yes  No

Are you now applying, or have you applied in the last 31 days, for any other Prudential insurance contract?  Yes  No

I hereby request that Prudential convert my current group coverage into an individual policy. The terms of this conversion policy shall be in accordance with the conversion provision of the group insurance contract.

I declare that, to the best of my knowledge and belief, the above statements are complete and true.

OWNERSHIP: Unless otherwise requested, the owner of the contract will be the proposed insured.

Signature of Insured	Date
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Witness (Not Beneficiary)	Date
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Application Location (City and State where Application is signed)

## THE FOLLOWING SPECIAL INSTRUCTIONS APPLY ONLY TO SERVICEMEMBERS' AND VETERANS' GROUP LIFE INSURANCE CONVERSIONS

1. Insert in the space entitled "Employer/Association" in the Conversion Application, the words "Servicemembers'" or "Veterans' Group Life Insurance" (VGLI), whichever is applicable.
2. On the Conversion Application, leave blank the spaces reserved for Policy/Control Number. Attach the authorization letter or the copy of evidence for conversion. Unless otherwise requested, insurance under the individual contract, if issued, will take effect as of the later of (a) the date the Conversion Application is completed and (b) the date following the last day of life insurance protection under the group policy as shown in the copy of evidence of conversion.

## IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this to designate the beneficiary(ies) for your converted group insurance death proceeds. You may name anyone or any entity as your beneficiary, and you may change your beneficiary at any time, by completing a new Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations, and trusts.

## DEFINITIONS

You may find the following definitions helpful in completing this form:

**Primary Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

**Contingent Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) dies (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

## INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

### 1. INSURED INFORMATION

- All information in this section is required.

### 2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.

#### **Individual:** "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe" not "Mrs. M. Doe")
- Include the address, relationship, and Social Security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

#### **Estate:** "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

#### **Corporation/Organization:** "ABC Charitable Organization"

- Select "Other" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- You must provide the address, city, and state of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

#### **Trust:** "The John Doe Trust. A Trust with a Trust Agreement dated 1/1/99 whose Trustee is Jane Smith".

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

### 3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

### 4. AUTHORIZATION/SIGNATURE

- The insured must read, sign, and date the authorization.

**1 INSURED'S INFORMATION** (Please print)

First Name, Middle Initial, Last Name

**2 BENEFICIARY DESIGNATION**

**Primary Beneficiaries**

Beneficiary Description (Check one)  Individual  Trust  Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share  
/ /

Beneficiary Description (Check one)  Individual  Trust  Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share  
/ /

Beneficiary Description (Check one)  Individual  Trust  Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share  
/ /

Beneficiary Description (Check one)  Individual  Trust  Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share  
/ /

TOTAL Share %: (must equal 100%)



## Group Life and Disability Income Medical Underwriting NOTICE

Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice is being provided to inform you of certain information practices Prudential engages in, and your rights, with regard to your personal information. We would like you to know that:

- Personal information may be collected from persons other than yourself or other individuals, if applicable, proposed for coverage;
- This personal information as well as other personal or privileged information subsequently collected by us may in certain circumstances be disclosed to third parties without authorization;
- You have a right of access and correction with respect to personal information we collect about you; and
- Upon request from you, we will provide you with a more detailed notice of our information practices and your rights with respect to such information. Should you wish to receive this notice, please contact:

The Prudential Insurance Company of America  
Group Medical Underwriting  
P.O. Box 8796  
Philadelphia, PA 19101

Any information we obtain regarding a person's insurability will be treated as confidential. We may, however, make a brief report of it to the Medical Information Bureau (the Bureau), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. When you apply for life, disability, or health insurance to any company, including Prudential, which is a member of the Bureau, or submit a claim for benefits to such a company, the Bureau will, on request, give the company the information in its files. In addition, upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If the information came from the Bureau and you question the accuracy of the information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112, (617) 426-3660.

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

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**Converting  
Group Term  
Life Insurance  
to Individual  
Insurance**



## Converting Group Term Life Insurance to Individual Insurance

A Prudential representative can assist you, without cost or obligation, with the conversion process and answer any questions you may have. If you do not have a Prudential representative currently handling your insurance and financial needs, you can locate the Prudential office most convenient to you in the telephone directory or through our website, [www.prudential.com/giconversions](http://www.prudential.com/giconversions).

Under the terms of your group life policy, some or all of your insurance coverage may be converted to permanent insurance. Please carefully read the provisions in your booklet/certificate which describe your conversion privilege, if any.

If you were insured for accidental death benefits (ADB) under the group plan, you may be eligible to add an accidental death benefit rider to the conversion policy. Subject to approval by Prudential, the amount of ADB is equal to the amount of life insurance coverage you are converting and may be included in policies issued at age 70 and under. The ADB is available for amounts between \$25,000 and \$500,000. Conversion Rates are shown in the Rates Tables under the heading "With ADB".

## Instructions

You should submit your application and first premium within the 31-day period specified in your booklet/certificate.

Premium rates for the Prudential Guaranteed Life Insurance policy are included in this brochure. These are standard rates per \$1,000 of insurance and apply to most individuals who are converting. The right to convert to a Prudential Guaranteed Life Insurance policy is guaranteed provided the terms as described in your booklet/certificate are met.

**Servicemembers/Reservists:** If you wish to convert Servicemembers' Group Life Insurance (SGLI) to a Prudential individual life insurance policy, you must submit your application, first month's premium, the letter you received from the Office of Servicemembers' Group Life Insurance, and the proof of SGLI as defined in the above mentioned letter to a Prudential office within 120 days of your release from uniformed service or release from assignment to the Ready Reserves.

**Veterans:** If you wish to convert Veterans' Group Life Insurance (VGLI) to a Prudential individual life insurance policy, you must submit your application, first month's premium, and your VGLI Conversion Notice, SGL 183, to a Prudential office.

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*Like most insurance policies, Prudential policies contain exclusions, limitations, reductions of benefits, and terms for keeping them in force. A Prudential representative can provide you with costs and complete details.*

**ALL CONVERSION APPLICATIONS MUST BE ACCOMPANIED BY AN AMOUNT LARGE ENOUGH TO PAY THE ENTIRE FIRST PREMIUM.**

### How to Calculate Prudential Premiums

Premiums are payable annually, quarterly, or by pre-authorized monthly check or draft (Prumatic). The mode of payment selected must produce a minimum premium of at least \$15.00.

Use standard rates per \$1,000 shown in this brochure. After determining the premium for the amount of insurance being converted, add the following policy constant to obtain the premium for the policy:

\$85.00 for annual mode of payment,  
\$23.00 for quarterly mode of payment,  
\$ 8.00 for Prumatic mode of payment.

This example illustrates a premium calculation for a \$25,000 Prudential Guaranteed Life Insurance policy for someone who is 40 years old. The payment mode is quarterly.

1. The rate per \$1,000 with ADB for a quarterly payment shown on page 6 is \$4.18.
2. Multiply the amount of insurance being converted (i.e., the number of \$1,000 units) by the rate per \$1,000 and add the quarterly policy constant:

$$25 \times \$4.18 = \$104.50 + \$23.00 = \$127.50$$

When requesting information, please state your date of birth, your group policy number, and the name of the organization through which your group insurance was obtained.

# Policy Description

The following is a brief description of the policy available as a conversion for which rates are included in this brochure. Additional information regarding the policy described below may be obtained from a Prudential representative.

## Prudential Guaranteed Life Insurance

Prudential Guaranteed Life Insurance is a whole life product with a guaranteed cash value and a guaranteed death benefit for the lifetime of the insured, provided premiums are paid when due and there are no outstanding loans or withdrawals. The face amount is payable at death.

The basic premiums are level and payable to the policy anniversary when the insured is age 85, or until death, if earlier. If the insured survives the premium payment period, the policy is continued with no further premium required. Prudential Guaranteed Life Insurance is a non-participating policy, which means dividends will not be paid on the policy.

## Prudential Guaranteed Life (For Policies \$1-\$24,999)

Standard rates per \$1,000 - A policy constant must be added to the total premium.  
Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

AGE LAST BIRTHDAY	ANNUAL	QUARTERLY	PRUMATIC
	Rate per thousand	Rate per thousand	Rate per thousand
15	2.66	0.70	0.24
16	2.83	0.75	0.25
17	3.00	0.80	0.27
18	3.19	0.85	0.28
19	3.39	0.90	0.30
20	3.59	0.95	0.32
21	3.81	1.01	0.34
22	4.04	1.07	0.36
23	4.27	1.13	0.38
24	4.54	1.20	0.40
25	4.81	1.27	0.43
26	5.07	1.34	0.45
27	5.34	1.42	0.48
28	5.63	1.49	0.50
29	5.93	1.57	0.53
30	6.26	1.66	0.56
31	6.62	1.75	0.59
32	6.99	1.85	0.62
33	7.38	1.96	0.66
34	7.80	2.07	0.69
35	8.24	2.18	0.73
36	8.75	2.32	0.78
37	9.30	2.46	0.83
38	9.87	2.62	0.88
39	10.48	2.78	0.93
40	11.13	2.95	0.99
41	11.81	3.13	1.05
42	12.53	3.32	1.12
43	13.29	3.52	1.18
44	14.09	3.73	1.25
45	14.94	3.96	1.33
46	15.77	4.18	1.40
47	16.65	4.41	1.48
48	17.57	4.66	1.56
49	18.55	4.92	1.65
50	19.57	5.19	1.74
51	20.71	5.49	1.84
52	21.93	5.81	1.95
53	23.23	6.16	2.07
54	24.63	6.53	2.19
55	26.10	6.92	2.32
56	27.71	7.34	2.47
57	29.50	7.82	2.63
58	31.45	8.33	2.80
59	33.62	8.91	2.99
60	36.00	9.54	3.20
61	38.47	10.19	3.42
62	41.17	10.91	3.66
63	44.17	11.71	3.93
64	47.45	12.57	4.22
65	50.45	13.37	4.49
66	53.98	14.30	4.80
67	57.96	15.36	5.16
68	62.51	16.57	5.56
69	67.84	17.98	6.04
70	72.62	19.24	6.46
71	78.11	20.70	6.95
72	84.23	22.32	7.50
73	91.13	24.15	8.11
74	99.04	26.25	8.81
75	108.29	28.70	9.64

\*ADB is not available with face amounts of less than \$25,000.  
These rates are effective 12/18/01 and are subject to change at Prudential discretion.

**Prudential Guaranteed Life  
(For Policies \$25,000-\$99,999)**

Standard rates per \$1,000 - A policy constant must be added to the total premium.  
Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

AGE LAST BIRTHDAY	ANNUAL		QUARTERLY		PRUMATIC	
	W/O ADB	With ADB	W/O ADB	With ADB	W/O ADB	With ADB
15	4.87	5.67	1.29	1.50	0.43	0.50
16	5.09	5.89	1.35	1.56	0.45	0.52
17	5.33	6.13	1.41	1.62	0.47	0.54
18	5.57	6.36	1.48	1.69	0.50	0.57
19	5.80	6.57	1.54	1.74	0.52	0.59
20	6.03	6.79	1.60	1.80	0.54	0.61
21	6.29	7.04	1.67	1.87	0.56	0.63
22	6.58	7.32	1.74	1.94	0.59	0.66
23	6.87	7.60	1.82	2.01	0.61	0.68
24	7.18	7.90	1.90	2.09	0.64	0.70
25	7.52	8.24	1.99	2.18	0.67	0.73
26	7.83	8.56	2.07	2.26	0.70	0.77
27	8.17	8.91	2.17	2.37	0.73	0.80
28	8.52	9.27	2.26	2.46	0.76	0.83
29	8.90	9.66	2.36	2.56	0.79	0.86
30	9.29	10.06	2.46	2.66	0.83	0.90
31	9.72	10.50	2.58	2.79	0.87	0.94
32	10.17	10.96	2.70	2.91	0.91	0.98
33	10.62	11.43	2.81	3.02	0.95	1.02
34	11.12	11.95	2.95	3.17	0.99	1.06
35	11.63	12.47	3.08	3.30	1.04	1.11
36	12.22	13.08	3.24	3.47	1.09	1.17
37	12.84	13.72	3.40	3.63	1.14	1.22
38	13.47	14.37	3.57	3.81	1.20	1.28
39	14.14	15.06	3.75	3.99	1.26	1.34
40	14.84	15.79	3.93	4.18	1.32	1.40
41	15.57	16.54	4.13	4.39	1.39	1.48
42	16.35	17.35	4.33	4.60	1.46	1.55
43	17.16	18.19	4.55	4.82	1.53	1.62
44	18.01	19.07	4.77	5.05	1.60	1.69
45	18.90	19.99	5.01	5.30	1.68	1.78
46	19.80	20.92	5.25	5.55	1.76	1.86
47	20.73	21.89	5.49	5.80	1.84	1.94
48	21.71	22.90	5.75	6.07	1.93	2.04
49	22.74	23.97	6.03	6.36	2.02	2.13
50	23.80	25.08	6.31	6.65	2.12	2.23
51	25.00	26.32	6.63	6.98	2.23	2.35
52	26.26	27.63	6.96	7.32	2.34	2.46
53	27.63	29.06	7.32	7.70	2.46	2.59
54	29.07	30.56	7.70	8.09	2.59	2.72
55	30.60	32.15	8.11	8.52	2.72	2.86
56	32.15	33.77	8.52	8.95	2.86	3.00
57	33.90	35.60	8.98	9.43	3.02	3.17
58	35.80	37.58	9.49	9.96	3.19	3.35
59	37.90	39.77	10.04	10.54	3.37	3.54
60	40.20	42.16	10.65	11.17	3.58	3.75
61	42.54	44.61	11.27	11.82	3.79	3.97
62	45.12	47.30	11.96	12.54	4.02	4.21
63	47.96	50.27	12.71	13.32	4.27	4.48
64	51.07	53.52	13.53	14.18	4.55	4.77
65	53.82	56.42	14.26	14.95	4.79	5.02
66	57.91	60.68	15.35	16.08	5.15	5.40
67	62.49	65.44	16.56	17.34	5.56	5.82
68	67.75	70.92	17.95	18.79	6.03	6.31
69	73.91	77.32	19.59	20.49	6.58	6.88
70	79.48	83.16	21.06	22.04	7.07	7.40
71	85.89	0.00	22.76	0.00	7.64	0.00
72	93.06	0.00	24.66	0.00	8.28	0.00
73	101.13	0.00	26.80	0.00	9.00	0.00
74	110.40	0.00	29.26	0.00	9.83	0.00
75	121.24	0.00	32.13	0.00	10.79	0.00

These rates are effective 12/18/01 and are subject to change at Prudential discretion.

**Prudential Guaranteed Life  
(For Policies \$100,000 and up)**

Standard rates per \$1,000 - A policy constant must be added to the total premium.  
Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

AGE LAST BIRTHDAY	ANNUAL		QUARTERLY		PRUMATIC	
	W/O ADB	With ADB	W/O ADB	With ADB	W/O ADB	With ADB
15	4.61	5.41	1.22	1.43	0.41	0.48
16	4.84	5.64	1.28	1.49	0.43	0.50
17	5.07	5.87	1.34	1.55	0.45	0.52
18	5.30	6.09	1.40	1.61	0.47	0.54
19	5.54	6.31	1.47	1.67	0.49	0.56
20	5.77	6.53	1.53	1.73	0.51	0.58
21	6.03	6.78	1.60	1.80	0.54	0.61
22	6.30	7.04	1.67	1.87	0.56	0.63
23	6.60	7.33	1.75	1.94	0.59	0.66
24	6.91	7.63	1.83	2.02	0.61	0.67
25	7.25	7.97	1.92	2.11	0.65	0.71
26	7.53	8.26	2.00	2.19	0.67	0.74
27	7.84	8.58	2.08	2.28	0.70	0.77
28	8.16	8.91	2.16	2.36	0.73	0.80
29	8.50	9.26	2.25	2.45	0.76	0.83
30	8.85	9.62	2.35	2.55	0.79	0.86
31	9.25	10.03	2.45	2.66	0.82	0.89
32	9.64	10.43	2.55	2.76	0.86	0.93
33	10.05	10.86	2.66	2.87	0.89	0.96
34	10.49	11.32	2.78	3.00	0.93	1.00
35	10.96	11.80	2.90	3.12	0.98	1.05
36	11.51	12.37	3.05	3.28	1.02	1.10
37	12.07	12.95	3.20	3.43	1.07	1.15
38	12.66	13.56	3.35	3.59	1.13	1.21
39	13.28	14.20	3.52	3.76	1.18	1.26
40	13.93	14.88	3.69	3.94	1.24	1.32
41	14.60	15.57	3.87	4.13	1.30	1.39
42	15.33	16.33	4.06	4.33	1.36	1.45
43	16.07	17.10	4.26	4.53	1.43	1.52
44	16.85	17.91	4.47	4.75	1.50	1.59
45	17.67	18.76	4.68	4.97	1.57	1.67
46	18.50	19.62	4.90	5.20	1.65	1.75
47	19.38	20.54	5.14	5.45	1.72	1.82
48	20.29	21.48	5.38	5.70	1.81	1.92
49	21.25	22.48	5.63	5.96	1.89	2.00
50	22.23	23.51	5.89	6.23	1.98	2.09
51	23.36	24.68	6.19	6.54	2.08	2.20
52	24.54	25.91	6.50	6.86	2.18	2.30
53	25.81	27.24	6.84	7.22	2.30	2.43
54	27.16	28.65	7.20	7.59	2.42	2.55
55	28.58	30.13	7.57	7.98	2.54	2.68
56	29.96	31.58	7.94	8.37	2.67	2.81
57	31.51	33.21	8.35	8.80	2.80	2.95
58	33.20	34.98	8.80	9.27	2.95	3.11
59	35.07	36.94	9.29	9.79	3.12	3.29
60	37.09	39.05	9.83	10.35	3.30	3.47
61	39.17	41.24	10.38	10.93	3.49	3.67
62	41.43	43.61	10.98	11.56	3.69	3.88
63	43.94	46.25	11.64	12.25	3.91	4.12
64	46.68	49.13	12.37	13.02	4.15	4.37
65	49.09	51.69	13.01	13.70	4.37	4.60
66	52.79	55.56	13.99	14.72	4.70	4.95
67	56.95	59.90	15.09	15.87	5.07	5.33
68	61.71	64.88	16.35	17.19	5.49	5.77
69	67.29	70.70	17.83	18.73	5.99	6.29
70	72.33	76.01	19.17	20.15	6.44	6.77
71	78.15	0.00	20.71	0.00	6.96	0.00
72	84.64	0.00	22.43	0.00	7.53	0.00
73	91.98	0.00	24.37	0.00	8.19	0.00
74	100.40	0.00	26.61	0.00	8.94	0.00
75	110.25	0.00	29.22	0.00	9.81	0.00

These rates are effective 12/18/01 and are subject to change at Prudential discretion.

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INST-A012071  
Ed. 3/2003  
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