MARYLAND RESIDENTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance or is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE RESIDENTS: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This notice only applies to accident and disability income coverage.

PENNSYLVANIA and OHIO 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.

PUERTO RICO RESIDENTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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.
Have this information ready
To help us process your claim for benefits promptly, you’ll be asked to provide this information:
- Company Name
- Company Control Number #32243
- Employee ID or Social Security number
- Address and telephone number
- Date of birth
- Job title
- Doctor’s name, phone number, and fax
- Your last day worked and your first day out due to this condition
- If the absence is work-related
- The date you expect to return to work

What you can expect
To process your claim for disability, Prudential needs statements from you, your doctor, and your employer. When you speak with a Prudential specialist, they will obtain your information. Prudential will get your doctor’s and employer’s information for you.

A decision will be made after we review this information. If you have Short Term Disability (STD) and Long Term Disability (LTD) coverage with Prudential, you do not have to submit a LTD claim.

When should I contact Prudential again?
Notify us by phone or online if:
- You have updated information
- You are unable to return to work when planned
- You have returned to work or are returning
- You want to report your delivery date
- You need forms

Find out about your claim
To get claim status or payment information about your claim for disability benefits, call 800-842-1718 or log in to www.prudential.com/mybenefits

Important Notice
CLAIM FRAUD WARNING STATEMENTS
For residents of all states except Alabama, Arizona, California, District of Columbia, Florida, Kentucky, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, 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 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 concealed, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARIZONA RESIDENTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

CALIFORNIA RESIDENTS: For your protection California law requires the following to appear on this form. 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 state prison.

DISTRICT OF COLUMBIA AND RHODE ISLAND RESIDENTS: 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.

FLORIDA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insured files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceal, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Filing a disability claim
Authorization Card
- Notify your supervisor.
- Call Prudential toll-free at 800-842-1718 anytime, OR
- Log in to www.prudential.com/mybenefits and click on “Report Time out of Work.”
- Make a copy of this authorization.
- Sign and date the copy.
- Present the copy to your doctor to file.
- Keep the blank original. Do not date or sign it.

This entire card must be presented to your doctor for release of information. Make a copy of this authorization. Sign and date the copy.

Authorization for Release of Information to The Prudential Insurance Company of America
This Authorization is not intended for use with FMLA leave or similar absences.

This Authorization is intended to comply with the HIPAA Privacy Rule. I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment, or services to me or on my behalf (“my providers”) to disclose my entire medical record and any other health information concerning me to The Prudential Insurance Company of America (“Prudential”) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.