



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

SIMMONS UNIVERSITY

**All Benefit Eligible Employees Working More Than 20 Hours Per Week
And Earning \$300,000 or more Annually**

Basic Term Life Insurance

Basic Accidental Death & Dismemberment Insurance

Optional Term Life Insurance with Matching OAD&D

Optional Dependent Term Life Insurance with Matching OAD&D

Long Term Disability Insurance

Coverages are issued by **The Prudential Insurance Company of America (Prudential)**



Summary of Benefits

SIMMONS UNIVERSITY

All Benefit Eligible Employees Working More Than 20 Hours Per Week And Earning \$300,000 or more Annually

Basic Term Life, Basic Accidental Death & Dismemberment, Optional Term Life, Optional Dependent Term Life, Optional Accidental Death & Dismemberment and Long Term Disability

Issued by The Prudential Insurance Company of America

Basic Term Life

- 100% Employer Paid
- Basic Term Life: You are automatically enrolled for 1.0 times your covered annual earnings to \$500,000 with a minimum benefit of at least \$75,000.
 - If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details.
 - Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at your normal retirement age under the Social Security Act. This provision may vary by state.
 - Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70 and 65% at age 75.
 - Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual whole life policy or port your insurance to a term life policy, either insurance policy would be issued by the Prudential Insurance Company of America.

Basic Accidental Death & Dismemberment

- 100% Employer Paid
- Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have.
 - Basic AD&D: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.

* Important Notice: The acceleration of life insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualify for such favorable treatment, the benefits will be excludable from your income and not subject to Federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under Federal law.

Optional Term Life

- 100% Employee Paid
- Purchase coverage in increments of \$10,000 up to a maximum of \$300,000, not to exceed 5.0 times your covered annual earnings. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
 - If enrolling when first eligible within the specified period of your date of hire, you can elect up to the guaranteed issue amount of \$200,000, without providing proof of good health to Prudential.
 - During the annual enrollment period, enrolled Employees may increase coverage by \$10,000, not to exceed the guaranteed issue amount, without evidence of insurability.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
 - If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
 - Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at your normal retirement age under the Social Security Act. This provision may vary by state. Refer to the plan booklet for details.
 - Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70 and 65% at age 75.
 - Upon termination of employment, you (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.

Spouse / Domestic Partner - Optional Dependent Term Life

- 100% Employee Paid
- Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$150,000. **Please note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 50% of your combined Basic and Optional Term Employee Life coverage amount.
 - If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$50,000, on your spouse, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential 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.
 - Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.
-

Child - Optional Dependent Term Life

- 100% Employee Paid
- Purchase coverage for \$10,000. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your combined Basic and Optional Term Life coverage amount. There are no health requirements for this coverage.
 - Coverage begins from live birth, and continues until the end of the month in which they turn 26.
 - Upon termination of employment, you (if eligible to port) may choose to continue a dependent child coverage amount equal to or lower than your current benefit amount.
-

Employee - Optional Accidental Death & Dismemberment

- 100% Employee Paid
- You are automatically enrolled for an equal amount of Optional AD&D Insurance coverage when you enroll for Optional Term Life Insurance.
 - Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70 and 65% at age 75.
-

Spouse / Domestic Partner - Optional Accidental Death & Dismemberment

- 100% Employee Paid
- Your spouse is automatically enrolled for an equal amount of Optional Spouse AD&D Insurance coverage when you enroll your spouse for Optional Dependent Term Life Insurance coverage.
 - Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70 and 65% at age 75.
-

Child - Optional Accidental Death & Dismemberment

- 100% Employee Paid
- Your child(ren) will be automatically enrolled for an equal amount of Optional Child AD&D Insurance coverage when you enroll your child(ren) for Optional Dependent Term Life Insurance coverage.
 - Coverage begins from live birth and continues until the end of the month in which they turn 26.
-

Long Term Disability

- Long Term Disability
- Option 1: Employer paid premium. Any disability benefits will be taxable income.
 - Option 2: Your Employer has provided for the cost of your coverage by adding the premium amount to your earnings. As a result, the Long Term Disability plan is considered to be provided to you on a contributory basis with after-tax dollars, and benefits are considered non-taxable.
 - Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$25,000, less deductible sources of income. The minimum monthly benefit is the greater of \$100 or 10% of your gross monthly benefit.
 - Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
 - If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if

you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.

- You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%.
- Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities due to mental illness have a combined limited pay period during your lifetime.
- LTD benefits will not be paid for a disability that begins during the first 12 months of coverage and due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- During the first 24 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*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.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

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.

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

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

© 2019 Prudential Financial, Inc. and its related entities.

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



Rate Sheet

SIMMONS UNIVERSITY

All Benefit Eligible Employees Working More Than 20 Hours Per Week And Earning \$300,000 or more Annually

Issued by The Prudential Insurance Company of America

**Employee - Optional Term Life
Monthly Cost per Coverage Amount
with Matching OAD&D**

Coverage is available in increments of \$10,000 to a maximum of \$300,000, not to exceed 5.0 times your covered annual earnings. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. **Rates will change based on the following age schedule.**

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Age										
0-24	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
25-29	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
30-34	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
40-44	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
45-49	\$1.85	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10	\$12.95	\$14.80	\$16.65	\$18.50
50-54	\$2.73	\$5.46	\$8.19	\$10.92	\$13.65	\$16.38	\$19.11	\$21.84	\$24.57	\$27.30
55-59	\$4.93	\$9.86	\$14.79	\$19.72	\$24.65	\$29.58	\$34.51	\$39.44	\$44.37	\$49.30
60-64	\$6.80	\$13.60	\$20.40	\$27.20	\$34.00	\$40.80	\$47.60	\$54.40	\$61.20	\$68.00
65-69	\$13.00	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00	\$91.00	\$104.00	\$117.00	\$130.00
70-74	\$31.20	\$62.40	\$93.60	\$124.80	\$156.00	\$187.20	\$218.40	\$249.60	\$280.80	\$312.00
75-100	\$126.20	\$252.40	\$378.60	\$504.80	\$631.00	\$757.20	\$883.40	\$1,009.60	\$1,135.80	\$1,262.00



**Employee - Optional Term Life
Monthly Cost per Coverage Amount
with Matching OAD&D**

Coverage is available in increments of \$10,000 to a maximum of \$300,000, not to exceed 5.0 times your covered annual earnings. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. **Rates will change based on the following age schedule.**

	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Age										
0-24	\$7.70	\$8.40	\$9.10	\$9.80	\$10.50	\$11.20	\$11.90	\$12.60	\$13.30	\$14.00
25-29	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00
30-34	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00
35-39	\$12.10	\$13.20	\$14.30	\$15.40	\$16.50	\$17.60	\$18.70	\$19.80	\$20.90	\$22.00
40-44	\$14.30	\$15.60	\$16.90	\$18.20	\$19.50	\$20.80	\$22.10	\$23.40	\$24.70	\$26.00
45-49	\$20.35	\$22.20	\$24.05	\$25.90	\$27.75	\$29.60	\$31.45	\$33.30	\$35.15	\$37.00
50-54	\$30.03	\$32.76	\$35.49	\$38.22	\$40.95	\$43.68	\$46.41	\$49.14	\$51.87	\$54.60
55-59	\$54.23	\$59.16	\$64.09	\$69.02	\$73.95	\$78.88	\$83.81	\$88.74	\$93.67	\$98.60
60-64	\$74.80	\$81.60	\$88.40	\$95.20	\$102.00	\$108.80	\$115.60	\$122.40	\$129.20	\$136.00
65-69	\$143.00	\$156.00	\$169.00	\$182.00	\$195.00	\$208.00	\$221.00	\$234.00	\$247.00	\$260.00
70-74	\$343.20	\$374.40	\$405.60	\$436.80	\$468.00	\$499.20	\$530.40	\$561.60	\$592.80	\$624.00
75-100	\$1,388.20	\$1,514.40	\$1,640.60	\$1,766.80	\$1,893.00	\$2,019.20	\$2,145.40	\$2,271.60	\$2,397.80	\$2,524.00

	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Age										
0-24	\$14.70	\$15.40	\$16.10	\$16.80	\$17.50	\$18.20	\$18.90	\$19.60	\$20.30	\$21.00
25-29	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00	\$20.80	\$21.60	\$22.40	\$23.20	\$24.00
30-34	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00	\$26.00	\$27.00	\$28.00	\$29.00	\$30.00
35-39	\$23.10	\$24.20	\$25.30	\$26.40	\$27.50	\$28.60	\$29.70	\$30.80	\$31.90	\$33.00
40-44	\$27.30	\$28.60	\$29.90	\$31.20	\$32.50	\$33.80	\$35.10	\$36.40	\$37.70	\$39.00
45-49	\$38.85	\$40.70	\$42.55	\$44.40	\$46.25	\$48.10	\$49.95	\$51.80	\$53.65	\$55.50
50-54	\$57.33	\$60.06	\$62.79	\$65.52	\$68.25	\$70.98	\$73.71	\$76.44	\$79.17	\$81.90
55-59	\$103.53	\$108.46	\$113.39	\$118.32	\$123.25	\$128.18	\$133.11	\$138.04	\$142.97	\$147.90
60-64	\$142.80	\$149.60	\$156.40	\$163.20	\$170.00	\$176.80	\$183.60	\$190.40	\$197.20	\$204.00
65-69	\$273.00	\$286.00	\$299.00	\$312.00	\$325.00	\$338.00	\$351.00	\$364.00	\$377.00	\$390.00
70-74	\$655.20	\$686.40	\$717.60	\$748.80	\$780.00	\$811.20	\$842.40	\$873.60	\$904.80	\$936.00
75-100	\$2,650.20	\$2,776.40	\$2,902.60	\$3,028.80	\$3,155.00	\$3,281.20	\$3,407.40	\$3,533.60	\$3,659.80	\$3,786.00

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

**Spouse / Domestic Partner - Optional Dependent Term Life
Monthly Cost per Coverage Amount
with Matching OAD&D**

Coverage is available in increments of \$5,000 to a maximum of \$150,000, not to exceed 50% of your combined Basic and Optional Term Employee Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-24	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
25-29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30-34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
35-39	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
40-44	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
45-49	\$0.93	\$1.85	\$2.78	\$3.70	\$4.63	\$5.55	\$6.48	\$7.40	\$8.33	\$9.25
50-54	\$1.37	\$2.73	\$4.10	\$5.46	\$6.83	\$8.19	\$9.56	\$10.92	\$12.29	\$13.65
55-59	\$2.47	\$4.93	\$7.40	\$9.86	\$12.33	\$14.79	\$17.26	\$19.72	\$22.19	\$24.65
60-64	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$30.60	\$34.00
65-69	\$6.50	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00	\$45.50	\$52.00	\$58.50	\$65.00
70-74	\$15.60	\$31.20	\$46.80	\$62.40	\$78.00	\$93.60	\$109.20	\$124.80	\$140.40	\$156.00
75-100	\$63.10	\$126.20	\$189.30	\$252.40	\$315.50	\$378.60	\$441.70	\$504.80	\$567.90	\$631.00

Age	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
0-24	\$3.85	\$4.20	\$4.55	\$4.90	\$5.25	\$5.60	\$5.95	\$6.30	\$6.65	\$7.00
25-29	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00
30-34	\$5.50	\$6.00	\$6.50	\$7.00	\$7.50	\$8.00	\$8.50	\$9.00	\$9.50	\$10.00
35-39	\$6.05	\$6.60	\$7.15	\$7.70	\$8.25	\$8.80	\$9.35	\$9.90	\$10.45	\$11.00
40-44	\$7.15	\$7.80	\$8.45	\$9.10	\$9.75	\$10.40	\$11.05	\$11.70	\$12.35	\$13.00
45-49	\$10.18	\$11.10	\$12.03	\$12.95	\$13.88	\$14.80	\$15.73	\$16.65	\$17.58	\$18.50
50-54	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48	\$21.84	\$23.21	\$24.57	\$25.94	\$27.30
55-59	\$27.12	\$29.58	\$32.05	\$34.51	\$36.98	\$39.44	\$41.91	\$44.37	\$46.84	\$49.30
60-64	\$37.40	\$40.80	\$44.20	\$47.60	\$51.00	\$54.40	\$57.80	\$61.20	\$64.60	\$68.00
65-69	\$71.50	\$78.00	\$84.50	\$91.00	\$97.50	\$104.00	\$110.50	\$117.00	\$123.50	\$130.00
70-74	\$171.60	\$187.20	\$202.80	\$218.40	\$234.00	\$249.60	\$265.20	\$280.80	\$296.40	\$312.00
75-100	\$694.10	\$757.20	\$820.30	\$883.40	\$946.50	\$1,009.60	\$1,072.70	\$1,135.80	\$1,198.90	\$1,262.00

Age	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000
0-24	\$7.35	\$7.70	\$8.05	\$8.40	\$8.75	\$9.10	\$9.45	\$9.80	\$10.15	\$10.50
25-29	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00	\$10.40	\$10.80	\$11.20	\$11.60	\$12.00
30-34	\$10.50	\$11.00	\$11.50	\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00
35-39	\$11.55	\$12.10	\$12.65	\$13.20	\$13.75	\$14.30	\$14.85	\$15.40	\$15.95	\$16.50
40-44	\$13.65	\$14.30	\$14.95	\$15.60	\$16.25	\$16.90	\$17.55	\$18.20	\$18.85	\$19.50
45-49	\$19.43	\$20.35	\$21.28	\$22.20	\$23.13	\$24.05	\$24.98	\$25.90	\$26.83	\$27.75
50-54	\$28.67	\$30.03	\$31.40	\$32.76	\$34.13	\$35.49	\$36.86	\$38.22	\$39.59	\$40.95
55-59	\$51.77	\$54.23	\$56.70	\$59.16	\$61.63	\$64.09	\$66.56	\$69.02	\$71.49	\$73.95
60-64	\$71.40	\$74.80	\$78.20	\$81.60	\$85.00	\$88.40	\$91.80	\$95.20	\$98.60	\$102.00
65-69	\$136.50	\$143.00	\$149.50	\$156.00	\$162.50	\$169.00	\$175.50	\$182.00	\$188.50	\$195.00
70-74	\$327.60	\$343.20	\$358.80	\$374.40	\$390.00	\$405.60	\$421.20	\$436.80	\$452.40	\$468.00
75-100	\$1,325.10	\$1,388.20	\$1,451.30	\$1,514.40	\$1,577.50	\$1,640.60	\$1,703.70	\$1,766.80	\$1,829.90	\$1,893.00

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

Spouse / Domestic Partner rate is based on employee's age.

**Children - Optional Dependent Term Life Monthly Cost per Coverage Amount
with Matching OAD&D**

One premium rate covers all eligible children

Coverage is available for \$10,000, not to exceed 50% of your combined Basic and Optional Term Employee Life coverage amount.

\$10,000

\$1.20

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

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*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.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

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.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

© 2019 Prudential Financial, Inc. and its related entities.

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

Beneficiary Designation - SIMMONS UNIVERSITY**Control # 53166****Employee General Information**

Last Name	First Name	Middle Initial	Social Security No.
-----	-----	-----	----- - ----- - -----

Employee/Applicant Beneficiary Designations (to be completed by employee/applicant or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Basic Term Life, Basic AD&D, Optional Term Life, Optional AD&D- Primary Beneficiary Designation

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	Entity Name:	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	Entity Name:	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Basic Term Life, Basic AD&D, Optional Term Life, Optional AD&D- Contingent Beneficiary Designation

- Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	Entity Name:	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation	Entity Name:	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

The above beneficiary designation only applies to: Basic Term Life, Basic AD&D, Optional Term Life, Optional AD&D

Employee Signature _____ **Date (mm/dd/yyyy)** _____

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

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. Life Claims: 800-524-0542, Disability Support: 800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. 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 The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. Contract Series:83500. California COA # 1179 NAIC #68241

© 2019 Prudential Financial, Inc., and its related entities.

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



