

**ESP Prudential Employer Sponsored Program  
Case Approval Form LTC3**

(ESP Open Enrollment period is **60** days from Prudential approval or requested start date)  
(5% Employer Sponsored Discount for 7+ eligible employees)

**Date:** \_\_\_\_\_

**Company/Client Name & Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Years in Business** \_\_\_\_\_ **Industry** \_\_\_\_\_

**Policy Effective Date Information:**

Requested Effective Date _____ Is requested effective date required for all policies issued? <b>Yes</b> or <b>No (Circle One)</b> <b>OR</b> Effective Date "As Issued" _____
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**60 Day Open Enrollment Period Information:**

Open Enrollment Start Date _____ (All applications received after the 60-day open enrollment period require full underwriting)
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**Employee Eligibility:**

Number of Eligible Employees* _____ Age Range of Eligible Employees _____ Number of Company Locations _____ State(s) of Company Location _____
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**Premium Payment Information:**

_____ Employer Paid <b>OR</b> _____ Employee Paid (Voluntary)
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**Billing Information:**

_____ Direct Bill (Annual, Semi-annual & Quarterly)(Alternate Payer Can be Requested) _____ Monthly Electronic Bank Draft _____ Monthly List Bill (Requires Minimum of 7 lives & Only 1 <sup>st</sup> of the month effective dates)
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**Benefits Options\*\* available with Simplified Underwriting for the Employees Only (Voluntary or Employer Paid Plan)**

Daily Facility Benefit: \$50 - \$300 Home & Community-Based Care Daily Benefit: 50%, 75%, 100% or 150% (up to \$200/day Daily Facility Benefit) Benefit Period: 2, 3, 4, 5, or 6 years Elimination Period: 60, 90, 120, 180 or 365 Home Care Payment Options: Daily, Monthly Reimbursement, Flexible Cash or Cash Benefit option Inflation Protection: None, 5% Guaranteed Purchase Option, 3% Compound No Maximum, 5% Simple, 5% Compound 2X Maximum or 5% Compound No Maximum Riders: Shared Care, Survivor Waiver of Premium, Shortened Benefit Period & Return of Premium Upon Death Benefit Premium Payment Options: 10 years Paid Up (ages 40+), Paid Up at Age 65 (below age 55) or Premium Reduction at age 65
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I reviewed and understand the requirements of enrolling in the Prudential Employer Sponsored Program. General Agency Name: _____ Agent/Broker Name: _____ Agent/Broker Signature: _____ Agent/Broker Telephone Number: _____ Agent/Broker e-mail address: _____
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E-mail to: [janet.urda@prudential.com](mailto:janet.urda@prudential.com) or  
Fax to: Attn: **Janet Urda** at 877-773-9515

For Home Office Use Only:

ESP Code # _____ (Assigned by Home Office) Date Approved by Home Office _____
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\* Employees working **25** + hours per week between the ages of 18-79 for LTC3.  
(Employees Ages 66-79 are fully underwritten).

\*\* Simplified underwriting is available to Actively-at-work employees ages 18-65. Available options may vary by state

Note: Simplified underwriting is available for actively-at work spouses or partners ages 18-65 in Employer Paid cases: Subject to rules of participation.