

The Prudential Insurance Company of America Individual Long Term Care Insurance
Small Employer Group (2-6 lives)/Association Discount Program
Information Fact Sheet

Name, Address and Phone of Firm/Association: _____

Business or Association Purpose: _____

Total Employees/Members: _____

(size of marketing group)

Geographic Locations: _____

(states, worksites to be solicited)

If an Association, are by-laws or charters in effect? (If yes, please attach) _____

Business/Association in existence since: _____

Will the organization endorse Prudential's Long Term Care Insurance to employees/members? _____

Will this replace another Long Term Care Insurance program? _____

Explain how Employer/Association will support the program? _____

Billing Method: Direct Billing Only

AGENT MARKETING PLAN:

Explain your involvement in educating/marketing Long Term Care Insurance to this organization? How will you maximize participation?

Expected participation/sales during the first 6 months: _____

Name of General Agency: _____ E-mail address: _____

Name of agent/broker (circle one): _____ E-mail address _____

Contract #agent/broker : _____

Address: _____ Tele

#: _____

**Submit to: Janet Urda, Prudential Financial LTC, 2101 Welsh Road, Dresher, PA 19025
(Fax: 877-773-9515)**

Home Office Use:

DECISION BY LTC:

Identification Number _____

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