

REQUEST FOR SICK CARE FAMILY LEAVE

To be completed by Employee:

Employee Name _____ Work Location _____

Name of Family Member _____ Relationship _____

The following absences were due to the above family member's serious health condition and medical documentation was provided to my supervisor. (List below the dates and hours of absence and the type of leave charged each.)

Total hours of absence due to family member's serious health condition _____. (Must total at least 150/160 hours.)

I am requesting to use Sick Care Family Leave as follows:

Begin Date _____ Anticipated Duration _____

Full-time Basis Part-time Basis Intermittent Basis

Employee Signature

Date

To be completed by Supervisor:

I have reviewed the absences listed above. Medical documentation was submitted, which supports the absences were due to the serious health condition of the family member listed on this form.

Supervisor Signature

Date

To be completed by Human Resources:

Current Sick Leave Balance _____ Leave Service Credit _____

Employee is entitled to _____ hours of Sick Care Family Leave.

Approved

Disapproved Reason:

Human Resources Office Signature

Date

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

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) die (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. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.

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. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**

- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

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 "Corporation/Organization" 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 in Section 2. 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 employee must read, sign and date the authorization.
- Submit the completed form to Prudential or your Benefits Administrator and keep a copy for your records.