

Employee No./Location Code

00635 - V9

## RELCO LOCOMOTIVES

### Long Term Disability Insurance Enrollment Form

RELCO LOCOMOTIVES is very pleased to offer you an opportunity to purchase optional coverage from The Prudential Insurance Company of America. Your coverage will begin on the effective date of coverage if you are actively at work. If you apply for an amount that requires evidence of good health, your coverage will be effective on the date of approval for the amount requiring evidence if you are actively at work on that date. Otherwise, your coverage will begin on the date you return to active work. See your Booklet-Certificate for details. It's easy to enroll. Simply complete STEPS 1 - 3 on the following enrollment form.

#### STEP 1

**Complete your information below.** For additional information and an explanation of cost, please see Step 3 and How Much Does Coverage Cost.

First Name	Last Name		
Street Address	City, State ZIP		
Daytime Phone Number	Social Security Number	Annual Salary	
Date of Birth	Date of Employment	<input type="checkbox"/> Male	<input type="checkbox"/> Female

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

## Your Disability Benefits

**Select or waive Long Term Disability Insurance.** Your monthly Long Term Disability benefits will be 60% of your monthly pre-disability earnings, up to a maximum of \$5,000, less deductible sources of income. Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income, and other income. The minimum monthly benefit is the greater of \$100 or 10% of the gross monthly benefit. If you meet the definition of disability, your benefits will begin following the elimination period. The elimination period is 90 days. The maximum period of payment 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. Please refer to the Certificate for details.

- Yes, I am electing Long Term Disability coverage.
- No, I am declining Long Term Disability coverage.

## STEP 2

**Indicate your beneficiary(ies).** 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. Use a separate piece of paper for additional beneficiary designations. I understand that, unless otherwise indicated, this designation applies to all coverages offered by Prudential under my employer's group plan and I expressly revoke all prior designations. All of the fields listed below are mandatory and must be completed in full if you have elected coverage.

Employee Primary Beneficiary Designation (If more than one, total must equal 100%)

Full Name	Address	Social Security Number	Percentage	Relationship to Insured

Employee Contingent Beneficiary Designation\* (If more than one, total must equal 100%)

Full Name	Address	Social Security Number	Percentage	Relationship to Insured

\* A contingent beneficiary is the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) dies (or the entity dissolves) before you die.

**STEP 3**

**Indicate your acceptance or waiver of coverage and sign below.**

**Please review the Important Notes that follow** before completing this step. Then, indicate your acceptance or waiver of coverage below, sign and date this form, and return to your Benefits Administrator. You will receive a Booklet-Certificate with complete plan information for any coverages you have elected.

**Acceptance or Waiver of Coverage**

- I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by Prudential. I understand that, if I desire to increase the amount of my insurance or my dependent insurance coverage hereafter, I may be required to furnish evidence of good health satisfactory to Prudential for myself and/or my dependent. I declare the statements above are true, accurate and complete and understand they are the basis for determining my insurability and contribution for coverage.
- I do not wish to enroll for coverage. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that, if I desire to enroll hereafter, I may be required to furnish evidence of good health satisfactory to Prudential for myself and/or my dependent.

**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 warning **ONLY** applies to accident and disability income coverage.

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

X \_\_\_\_\_

\_\_\_\_\_

**Employee Signature**

**Date**

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. Group Term Life coverage is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Prudential and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. **Please also read the Important Notes that follow.**

**How much does coverage cost?****Long Term Disability Insurance for You**

To determine the approximate cost of your coverage, please find your salary in the chart below. The actual payment will equal: The lesser of your monthly salary multiplied by 60% and \$5,000. All salaries of \$100,000 and above have a bi-weekly cost of \$10.00.

<b>Annual Income</b>	<b>Monthly Benefit</b>	<b>Bi-Weekly Cost</b>	<b>Annual Income</b>	<b>Monthly Benefit</b>	<b>Bi-Weekly Cost</b>
<b>\$20,000</b>	\$1,000	\$2.00	<b>\$65,000</b>	\$3,250	\$6.50
<b>\$25,000</b>	\$1,250	\$2.50	<b>\$70,000</b>	\$3,500	\$7.00
<b>\$30,000</b>	\$1,500	\$3.00	<b>\$75,000</b>	\$3,750	\$7.50
<b>\$35,000</b>	\$1,750	\$3.50	<b>\$80,000</b>	\$4,000	\$8.00
<b>\$40,000</b>	\$2,000	\$4.00	<b>\$85,000</b>	\$4,250	\$8.50
<b>\$45,000</b>	\$2,250	\$4.50	<b>\$90,000</b>	\$4,500	\$9.00
<b>\$50,000</b>	\$2,500	\$5.00	<b>\$95,000</b>	\$4,750	\$9.50
<b>\$55,000</b>	\$2,750	\$5.50	<b>\$100,000</b>	\$5,000	\$10.00
<b>\$60,000</b>	\$3,000	\$6.00	<b>\$100,000</b>	\$5,000	\$10.00

All benefit features may not be available in all states. Premiums may increase as you age.

## Important Information about Portability and Continuation of Coverage

**MINNESOTA RESIDENTS** - You may elect to continue coverage at your expense if your employment is terminated either voluntarily or involuntarily, or if you are laid-off, as long as the group policy is still in force with the employer. Coverage may be continued until you obtain coverage under another group policy or you return to work from lay-off; however, the maximum period that coverage will be continued is 18 months.

**SOUTH DAKOTA RESIDENTS** - Portability is not available to South Dakota residents.

**VERMONT RESIDENTS** - Portability is not available to Vermont residents.

## Important Notes

**FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA, 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/may be 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 conceals, for the purpose of misleading, information concerning any fact material thereto.

**NEW JERSEY RESIDENTS** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**PENNSYLVANIA AND UTAH 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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**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 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 a statement of claim for payment of a loss or benefit may have violated state law, 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 conceals, for the purpose of misleading, information concerning any fact material thereto.

**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.

**Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.**

Prudential and the Rock are registered service marks of The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102, and its affiliates

