



Prudential

## Group Disability Insurance

The Prudential Insurance Company of America  
Disability Management Services  
P.O. Box 13480, Philadelphia, PA 19176  
Tel: 800-842-1718 Fax: 877-889-4885  
[www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)

### Education and Employment History Form

<b>1</b>	First Name	MI	Last Name	Claim Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Employee Phone Number	Mobile Phone		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Email Address			
	<input type="text"/>			

In order to continue the evaluation of your claim, we need some additional information. Please complete this form to the best of your ability and return in the enclosed envelope. If you have any questions, please do not hesitate to contact us 800-842-1718.

<b>2</b>	<b>Information About Your Most Recent Employer</b>	<b>1. Name of Employer:</b> _____ Dates from: _____ to: _____ Job Title: _____ Annual Gross Salary: _____ Reason for leaving: _____ _____ Computers, Tools, Equipment and/or material used in job: _____ _____ Describe job duties in detail (include any supervisory requirements): _____ _____ _____ Certificate/License required to perform job: _____ Have you been in contact with your employer regarding return to work? Yes No Is your employer holding your job? Yes No How long will your employer hold your job? _____ Have you discussed any alternate jobs with your employer? Yes No Who have you contacted regarding return to work? Please provide the name and phone number for your employer contact. _____ _____
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<b>3</b>	<b>Prior Employment History</b>	<b>Please describe all other jobs worked within the past 15-20 years. If you have a resume, please include with the completed form. If you have worked at any type of job since your disability began, include these details in your employment history. If you held more than one job with a specific employer, please list each one separately.</b> <b>1. Name of Employer:</b> _____ Dates from: _____ to: _____ Job Title: _____ Annual Gross Salary: _____ Reason for leaving: _____ _____ Computers, Tools, Equipment and/or material used in job: _____ _____ Describe job duties in detail (include any supervisory requirements): _____ _____ _____ Certificate/License required to perform job: _____
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## Education and Employment History Form

First Name

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MI

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Last Name

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Claim Number

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### 3 Prior Employment History (Continued)

2. Name of Employer: \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_ Job Title: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Computers, Tools, Equipment and/or material used in job: \_\_\_\_\_

Describe job duties in detail (include any supervisory requirements): \_\_\_\_\_

Certificate/License required to perform job: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_ Job Title: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Computers, Tools, Equipment and/or material used in job: \_\_\_\_\_

Describe job duties in detail (include any supervisory requirements): \_\_\_\_\_

Certificate/License required to perform job: \_\_\_\_\_

4. Name of Employer: \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_ Job Title: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Computers, Tools, Equipment and/or material used in job: \_\_\_\_\_

Describe job duties in detail (include any supervisory requirements): \_\_\_\_\_

Certificate/License required to perform job: \_\_\_\_\_





## Education and Employment History Form

First Name

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MI

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Last Name

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Claim Number

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### Prior Employment History (Continued)

**5. Name of Employer:** \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_ Job Title: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Computers, Tools, Equipment and/or material used in job: \_\_\_\_\_

Describe job duties in detail (include any supervisory requirements): \_\_\_\_\_

Certificate/License required to perform job: \_\_\_\_\_

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### Education/ Training

Highest grade completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Course of Study: \_\_\_\_\_

If not a high school graduate, did you obtain your GED? Yes No

If so, when? \_\_\_\_\_

**College Training:** Yes No Degree? Yes No

Type (e.g., AAS, BA): \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

No. of years completed: \_\_\_\_\_

Area(s) of Concentration: \_\_\_\_\_

**Vocational Training:** (Formal training obtained through business, vocational, or other training institutions)

Type: \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Length of training: \_\_\_\_\_

Certificate or licenses obtained: \_\_\_\_\_

Has this certification or license expired? Yes No If yes, what is the expiration date?

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Expiration date (MM DD YYYY)

Please list any other training you have gained through work or other avenues. Include any special designations obtained (e.g., certificates or licenses).

What have you done to keep your certification or license active? \_\_\_\_\_

Please add pages if more than 3 jobs held in past 20 years.

**Military Services Training:** Yes No Type: \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Length of training: \_\_\_\_\_

How skill was used? \_\_\_\_\_



## Education and Employment History Form

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### 5 Computer Skills

Do you own/use a computer, smart phone or tablet/iPad?      Yes      No  
 If yes, what do you use your computer, smart phone or tablet/iPad/Kindle for (e.g., email/texting, online banking, search functions, Social Media)?

Can you navigate the internet?      Yes      No      Can you access the internet at home?      Yes      No

Do you use social media (e.g., Facebook, Twitter, etc.)?      Yes      No      If yes, which one(s)? \_\_\_\_\_

Can you keyboard/type?      Yes      No      If yes, how many words per minute? \_\_\_\_\_

Do/did you use a computer at work?      Yes      No

How do/did you use your computer at work? What programs do/did you use?

Please check all computer skills you have used at work and/or home:

Microsoft Word	Microsoft Excel	Microsoft PowerPoint	Internet Search
E-mail	Database management	Computer graphics	Any proprietal software at your employer(s)

If applicable, please provide Web page address: \_\_\_\_\_

Please list any IT Certifications you have: \_\_\_\_\_

### 6 Recent/Current Job-Seeking

Complete this section only if you have been exploring returning to work in some capacity.

How long have you been actively searching for a job? \_\_\_\_\_

Type of positions sought: \_\_\_\_\_

What kind of response(s) have you received: \_\_\_\_\_

Resources utilized in job-seeking (please check all that apply):

State Employment Service	State Vocational Rehabilitation	Internet Search
Friends	Want Ads	Other (explain) _____

**You may be eligible for return to work services.**

**Would you like assistance in locating suitable employment?**      Yes      No

### 7 Fraud Notice

**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 any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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.

**I have read and understand the terms and requirements of the fraud warnings included as part of this form. I certify that the above statements are true.**

X \_\_\_\_\_  
 Claimant Signature

\_\_\_\_\_  
 Date Signed (MM DD YYYY)



**For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, 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.

**ALABAMA RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ARIZONA RESIDENTS**—For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA AND RHODE ISLAND RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA RESIDENTS**—For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**KENTUCKY RESIDENTS**—Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**MAINE AND 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.

**MARYLAND RESIDENTS**—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE RESIDENTS**—Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY RESIDENTS**—Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NORTH CAROLINA RESIDENTS**—Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

**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.



**PUERTO RICO RESIDENTS**—Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

