

SERFF Tracking Number: PRUX-G127696754 State: Arkansas  
Filing Company: The Prudential Insurance Company of America State Tracking Number: 50004  
Company Tracking Number: AR028650100001  
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Product Name: CF: 83500 ADD U 10011, et al (Walmart)  
Project Name/Number: CF: 83500 ADD U 10011, et al (Walmart)/

## Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: CF: 83500 ADD U 10011, et al (Walmart) SERFF Tr Num: PRUX-G127696754 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved State Tr Num: 50004

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: AR028650100001 State Status: Approved-Closed

Filing Type: Form

Author: SPI Prudential

Date Submitted: 10/11/2011

Reviewer(s): Donna Lambert

Disposition Date: 10/17/2011

Disposition Status: Approved

Implementation Date: 11/17/2011

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: CF: 83500 ADD U 10011, et al (Walmart)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 10/17/2011

State Status Changed: 10/17/2011

Created By: SPI Prudential

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI Prudential

## Company and Contact

### Filing Contact Information

Laura Edcius, Regulatory Contract Specialist      laura.edcius@prudential.com  
80 Livingston Avenue      973-548-5372 [Phone]

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Roseland, NJ 07068 973-548-6480 [FAX]

**Filing Company Information**

The Prudential Insurance Company of America CoCode: 68241 State of Domicile: New Jersey  
 80 Livingston Avenue Group Code: 304 Company Type: Life and Health  
 Roseland, NJ 07068 Group Name: State ID Number:  
 (973) 548-6479 ext. [Phone] FEIN Number: 22-1211670

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$200.00	10/11/2011	52707319

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Dismemberment Dismemberment  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/17/2011	10/17/2011

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Dismemberment      Dismemberment  
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## **Disposition**

Disposition Date: 10/17/2011

Implementation Date: 11/17/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	No
Supporting Document	Cover Letter	Approved	No
Supporting Document	Application	Approved	No
Form	Voluntary Accidental Death and Dismemberment Coverage Schedule of Benefits # 1	Approved	No
Form	Voluntary Accidental Death and Dismemberment Coverage #1	Approved	No
Form	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage #1	Approved	No
Form	Definitions under Voluntary Accidental Death and Dismemberment Coverage #1	Approved	No

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## Form Schedule

### Lead Form Number: 83500 ADD U 10011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/17/2011	83500 ADD U 10011	Schedule Pages	Voluntary Accidental Death and Dismemberment Coverage Schedule of Benefits # 1	Initial		54.100	83500 ADD U 10011.PDF
Approved 10/17/2011	83500 ADD R 10018	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Voluntary Accidental Death and Dismemberment Coverage #1	Initial		49.900	83500 ADD R 10018.PDF
Approved 10/17/2011	83500 ADD A 10009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage #1	Initial		53.700	83500 ADD A 10009.PDF
Approved 10/17/2011	83500 ADD D 10008	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Definitions under Voluntary Accidental Death and Dismemberment Coverage #1	Initial		50.400	83500 ADD D 10008.PDF

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# [Voluntary Accidental Death and Dismemberment] Coverage Schedule of Benefits [# 1]

**Effective:** [January 1, 19XX]

**Group Contract No.:** [G-XXX]

**Covered Classes:** [Class 1: All Employees  
Class 2: All Guests of the Contract Holder who are traveling at the request and expense of the Contract Holder]

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**Insurance Provided:** [Contributory Employee/Participant Insurance]  
[Contributory Dependents Insurance]

This Schedule of Benefits is made part of a Coverage that includes [these forms: 83500 ADD R 50XX, 83500 ADD H 50XX, 83500 ADD A 50XX, 83500 ADD D 50XX.]

## **BENEFIT AMOUNTS UNDER VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:**

**For [Employees/Participants]:**

**Amount of [Employee/Participant Insurance] For Each Benefit Class:**

<b>[Benefit Classes By Monthly Earnings</b>	<b>Amount of Insurance</b>
Less than \$1,000	\$10,000
\$ 1,000 or more but less than 2,000	15,000
2,000 or more but less than 3,000	20,000
3,000 or more but less than 4,000	25,000
5,000 or more	30,000

The Definitions section explains what "Earnings" means.]

**[Increase in Your Amount of Insurance:** If you remain continuously insured for Voluntary Accidental Death and Dismemberment Coverage under the Group Contract, your Amount of Insurance will be increased at no cost to you. On the second anniversary of the date you became insured under the Coverage, it will be increased by <1-10>% of your Base Amount of Insurance. On each of the next <1-5> succeeding two-year anniversaries, it will be increased by <1-10>% of your Base Amount of Insurance. The maximum increase under this provision is <1-50>% of your Base Amount of Insurance.

Your Base Amount of Insurance is your Amount of Insurance on the day prior to the second anniversary of the date you became insured under the Coverage.]

**[Amount Limit Due to Age:** When you are age 65 or more, your amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which you would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below.

Each Limited Percent for an Age takes effect on the first January 1 that occurs while you are that Age.

The Delay of Effective Date section does not apply to this provision.

<b>Age</b>	<b>Limited Percent</b>
65	60
70	40
75	25
80 and more	15]

**[For Dependents:**

<b>Amount of Insurance per Covered Dependent:</b>	<b>Amount of Insurance</b>
Your spouse	\$1,000
Your child	1,000]

**[Amount Limit Due to Age:** When you are age 65 or more, your spouse's amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which your spouse would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below.

Each Limited Percent for an Age takes effect on the first January 1 that occurs while you are that Age.

The Delay of Effective Date section does not apply to this provision.

<b>Limit</b>	<b>Limited Percent</b>
65	60
70	40
75	25
80 and more	15]

**[Aggregate Limits:**

<b>Aggregate Limit Per Covered Accident:</b>	<\$1,000,000-Unlimited>
<b>Aggregate Limit Per Aircraft Accident:</b>	<\$1,000,000-Unlimited>
<b>Aggregate Limit Per Covered Accident On Your Employer's Premises:</b>	<\$1,000,000-Unlimited>
<b>Aggregate Limit Per Felonious Assault Accident:</b>	<\$1,000,000-Unlimited>
<b>Aggregate Limit Per War Risk Accident:</b>	<\$1,000,000-Unlimited>
<b>Aggregate Limit Per Terrorism Accident:</b>	<\$1,000,000-Unlimited>
<b>Aggregate Limit Per Bomb Scare Accident:</b>	<\$1,000,000-Unlimited>]

**[ADDITIONAL BENEFITS UNDER VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:**

For the purposes of determining benefits under the Coverage, Amount of Insurance does not include any additional amount payable as shown below.

**Additional Amount Payable for Loss of Life as a Result of a Non-occupational Vehicle Accident:** An amount equal to <1%-100%> of the Amount of Insurance on the person.

**Additional Amount Payable for Loss of Life as a Result of an Accident in an Automobile While Using a Seat Belt and Air Bag:** An amount equal to the lesser of:

- (a) <1%-100%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

**Additional Amount Payable for Tuition Reimbursement for Your Dependent Spouse:** An amount equal to the least of:

- (1) the actual tuition charged for the program;
- (2) <1%-25%> of your Amount of Insurance; and
- (3) <\$1,000-\$25,000>.

This benefit is payable annually for up to <1-4> consecutive years.

**Additional Annual Amount Payable for Tuition Reimbursement for Your Dependent Child:** An amount equal to the least of:

- (1) the actual annual tuition, exclusive of room and board, charged by the School;
- (2) <1%-25%> of the Amount of Insurance on the person; and
- (3) <\$1,000-\$25,000>.

This benefit is payable annually for up to <1-4> consecutive years, but not beyond the date the child reaches age <21-28>.

**Additional Annual Amount Payable for Child Care Expenses for Your Dependent Child:** An amount equal to the lesser of:

- (1) the actual cost charged by such Child Care Center per year;
- (2) <1%-10%> of the Amount of Insurance on the person; and
- (3) <\$1,000-\$25,000>.

This benefit is payable annually for up to <1-5> consecutive years, but not beyond the date the child reaches age <seven-thirteen>.

**Additional Amount Payable for Return of Remains:** An amount equal to the lesser of:

- (1) the amount of Return of Remains Expenses; and
- (2) <\$1,000-\$10,000>.

**Additional Amount Payable for Loss as a Result of Felonious Assault:** An amount equal to the lesser of:

- (1) <1%-25%> of the Amount of Insurance on the person; and
- (2) <\$1,000-\$50,000>.

**Additional Amount Payable for Your Spouse's Loss of Life as a Result of a Common Accident:** An amount equal to the lesser of:

- (1) the difference between:
  - (a) the Amount of Insurance payable under the Coverage for your Loss of life; and
  - (b) the Amount of Insurance payable under the Coverage for your spouse's Loss of life; and
- (2) <\$25,000-\$500,000>.

**Additional Amount Payable for Your Child's Loss:** An amount equal to the lesser of:

- (1) the amount payable for that child's Loss; and
- (2) <\$1,000-\$100,000>.

But, if the child sustains more than one Loss from the same accident, the amount will be equal to <100%-400%> of the amount payable for the one largest amount to which the child is entitled.

**Additional Monthly Amount Payable During Critical Period After Your or Your Spouse's Loss of Life:** An amount equal to <1/2%-5%> of the Amount of Insurance on the person for each of the <6-36> months immediately following the person's death.

**Additional Amount Payable for Bereavement and Trauma Counseling:** An amount equal to the lesser of:

- (1) the actual cost charged for counseling sessions; and
- (2) <\$50-\$150>.

This benefit is payable for up to <1-50> sessions per person.

**Additional Amount Payable for Emergency or Disaster Response Team Member Benefit:** An amount equal to the lesser of:

- (1) <1%-10%> of your Amount of Insurance; and
- (2) <\$1,000-\$50,000>.

**Additional Amount Payable for Loss as a Result of Carjacking:** An amount equal to the lesser of:

- (1) <1%-10%> of the Amount of Insurance on the person; and
- (2) <\$1,000-\$50,000>.

**Additional Amount Payable for Home Alteration and Vehicle Modification:** An amount equal to the lesser of:

- (1) the actual cost charged for the alteration or modification;
- (2) <1%-10%> of the Amount of Insurance on the person; and
- (3) <\$1,000-\$50,000>.

**Additional Amount Payable for Medical Evacuation:** An amount equal to the lesser of:

- (1) <1%-25%> of the Amount of Insurance on the person; and
- (2) <\$1,000-\$500,000>.

**Additional Amount Payable for Medical Expenses:** An amount equal to the lesser of:

- (1) <1%-25%> of the Amount of Insurance on the person; and
- (2) <\$1,000-\$100,000>.

**Additional Monthly Amount Payable for Medical Premium:** An amount equal to the lesser of:

- (1) <1%-5%> of your Amount of Insurance; and
- (2) <\$100-\$500>.

This benefit will be paid monthly until the first of these occurs:

- (1) Your continued membership in your Employer's medical plan ends.
- (2) You become covered under any other group medical plan.
- (3) The benefit has been paid for <1-36> consecutive months.

**Additional Benefit for Spouse or Child Medical Premium:** An amount equal to the lesser of:

- (a) <1%-10%> of your Amount of Insurance; and
- (b) <\$100-\$10,000>.

The benefit will be paid annually until the first of these occurs:

- (a) Your spouse's or child's continued membership in your Employer's medical plan ends.
- (b) Your spouse or child becomes covered under any other group medical plan.
- (c) The benefit has been paid for <1-3> consecutive years.

**Additional Monthly Amount Payable for Mortgage Payment:** An amount equal to the lesser of:

- (1) The amount of your monthly mortgage payment; and
- (2) <\$100-\$5,000>.

This benefit will be paid monthly until the first of these occurs:

- (1) Your spouse dies.
- (2) Your mortgage is paid in full.
- (2) Your house is sold.
- (4) The benefit has been paid for <6-36> consecutive months.

**Additional Monthly Amount Payable for Rehabilitation Expense:** An amount equal to the lesser of:

- (1) <1%-10%> of the Amount of Insurance on the person; and
- (2) <\$100-\$500>.

This benefit will be paid monthly until the first of these occurs:

- (1) A Doctor determines that the person no longer needs rehabilitation.
- (2) The person fails to furnish any required proof of the person's continuing need for rehabilitation.
- (3) The person fails to submit to a medical exam by Doctors named by Prudential, at Prudential's expense, when and as often as Prudential requires.
- (4) The benefit has been paid for <6-36> consecutive months.

**Additional Amount Payable for Funeral Expenses:** An amount equal to the lesser of:

- (1) the amount of the Funeral Expenses;
- (2) <1%-10%> of the Amount of Insurance on the person; and
- (3) <\$1,000-\$10,000>.

**Additional Amount Payable for Loss of Life as a Result of an Accident Involving a Common Carrier:** An amount equal to the lesser of:

- (1) <10%-1,000%> of the Amount of Insurance on the person; and
- (2) <\$10,000-\$1,000,000>.

**Additional Amount Payable for Loss While on Business Travel:** An amount equal to the lesser of:

- (1) <1%-200%> of the Amount of Insurance on the person; and
- (2) <\$1,000-\$1,000,000>

**Additional Amount Payable for Loss of Life as a Result of Motorcycle Accident While Wearing Safety Equipment:**

An amount equal to the lesser of:

- (a) <1%-100%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

If it cannot be determined that the person was wearing the necessary safety equipment at the time of the Accident, a benefit of <\$500.00-\$2,500> will be paid.

**Additional Amount Payable for Family Relocation and Accompaniment:** The amount payable depends on the type of Loss and the Percent as shown in the Benefit Amount Payable provision of the Benefits section of the Coverage as follows.

For your spouse, the amount payable is an amount equal to <\$1,000-\$100,000> times the Percent for the Loss that would be payable if you sustained the Injury.

For each dependent child, the amount payable is an amount equal to <\$1,000-\$50,000> times the Percent for the Loss that would be payable if you sustained the Injury.

**Additional Amount Payable for Critical Burns:** An amount equal to the lesser of:

- (1) <1%-50%> of the Amount of Insurance on the person; and
- (2) <\$1,000-\$50,000>.

**Additional Monthly Amount Payable for Occupational HIV or Hepatitis:** A monthly amount equal to the lesser of:

- (1) <1%-5%> of your Amount of Insurance; and
- (2) <\$100-\$5,000>.

This benefit will be paid monthly until the first of these occurs:

- (1) You recover from Hepatitis if the benefit is being paid for that disease.
- (2) The benefit has been paid for <6-36> consecutive months.

**Additional Monthly Amount Payable for Your or Your Spouse's Total Disability:** An amount equal to <1%-5%> of the amount payable under the Coverage for the person's Loss.

This benefit will be paid monthly until the first of these occurs:

- (1) The person is no longer Totally Disabled.
- (2) The person fails to furnish any required proof that the person's Total and Permanent Disability continues.
- (3) The person fails to submit to a medical exam by Doctors named by Prudential, at Prudential's expense, when and as often as Prudential requires.
- (4) The person reaches age <65-100>.
- (5) The benefit has been paid for <1-100> consecutive months.

**Additional Amount Payable for Your or Your Spouse's Total and Permanent Disability:** An amount equal to <1%-5%> of the amount payable under the Coverage for the person's Loss.

This benefit will be paid monthly until the first of these occurs:

- (1) The person is no longer Totally and Permanently Disabled.
- (2) The person fails to furnish any required proof that the person's Total and Permanent Disability continues.
- (3) The person fails to submit to a medical exam by Doctors named by Prudential, at Prudential's expense, when and as often as Prudential requires.
- (4) The person reaches age <65-100>.
- (5) The benefit has been paid for <1-100> consecutive months.

**Additional Monthly Amount Payable for a Person's Hospital Inpatient Stay:** An amount equal to <1%-10%> of the Amount of Insurance on the person, up to <\$100-\$1,000>, for each month of a Hospital Inpatient Stay, up to the Maximum Benefit Duration for a Hospital Inpatient Stay. But, if the total number of days in that Stay is not evenly divisible by 30, the benefit amount payable for any day that represents only a part of a month will be 1/30 of the full monthly benefit amount.

No benefit is payable for the first <1-14> days of a Hospital Inpatient Stay.

**Maximum Benefit Duration for a Hospital Inpatient Stay:** <6-12> months.]

**[To Whom Payable:** The benefits are payable to you with these exceptions:

(1) Benefits for tuition reimbursement for your spouse payable on account of your Loss of life will be paid to:

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(a) your spouse, if living; or

(b) your spouse's estate, if your spouse is not living.

(2) Benefits for tuition reimbursement for your child or child care expenses payable on account of your Loss of life will be paid to the person or institution appearing to Prudential to have assumed the main support of your Qualified Dependent children.

(3) Benefits for monthly mortgage payments payable on account of your Loss of life will be paid to your spouse.

(4) Benefits for common accident will be paid to the person or institution appearing to Prudential to have assumed the main support of your Qualified Dependent children

(5) Benefits for any other of your Losses that are unpaid at your death or become payable on account of your death will be paid to your Beneficiary or Beneficiaries. (See Beneficiary Rules.)

(6) If you are not living, benefits for a dependent's Losses are payable to your spouse if your spouse is living. If neither you nor your spouse is living, then:

(a) benefits for a spouse's Losses will be paid to your spouse's estate;

(b) benefits for any other dependent's Losses will be paid to the dependent who suffered the Loss. If that dependent is not living, the benefits will be paid to that dependent's estate.]

**The Prudential Insurance Company of America**  
**Explanation of Variable Language for**  
**83500 ADD U 10011**

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as dates, names, addresses, numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person”, “Employee” or “Participant” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The terms “Dependent”, “Spouse” or “Child” may be deleted or modified to reflect only the applicable dependents, and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse and children; spouse only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

**The Prudential Insurance Company of America**  
**Explanation of Variable Language for**  
**83500 ADD U 10011**

Additional Illustrative Material for 83500 ADD U 10011

Amounts may be shown another way. For example, different amounts may be included for employee, spouse and child; minimums and maximums may be included; amounts may be a flat dollar amount only, a percentage of the Amount of Insurance only, the lesser of actual expenses and a flat dollar amount, etc.

An alternate benefit may be added if there is no qualified dependent spouse and/or child for a benefit.

The Additional Benefit for Seat Belt and Air Bag may be split into two separate Additional Benefits.

The Additional Benefit for Total Disability may be a monthly or weekly benefit.

The Additional Benefit for Total and Permanent Disability may be a monthly or lump sum benefit.

Marginal Notes

1. The title may be modified:
  - to reflect death only coverage; or
  - to delete “Voluntary”; or
  - to delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for”.
2. This item may indicate whether the insurance is on a contributory or non-contributory basis.
3. This item may be deleted in whole or in part, or revised to show different persons or institutions to whom the additional benefits are payable.

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# [Voluntary Accidental Death and Dismemberment] Coverage [#1]

## [FOR YOU AND YOUR DEPENDENTS]

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This Coverage pays benefits for accidental Loss [which results from a Covered Accident].

Loss means [the person's:

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- (1)] loss of life[;
- (2) total and permanent Loss of Sight;
- (3) total and permanent Loss of Speech;
- (4) total and permanent Loss of Hearing;
- (5) loss of arm or leg by severance at or above the elbow or knee;
- (6) loss of hand or foot by severance at or above the wrist or ankle;
- (7) loss of thumb and index finger of the same hand by severance at or above the point at which they are attached to the hand;
- (8) all toes on the same foot by severance at or above the point at which they are attached to the foot;
- (9) Loss of Use of a hand, foot, arm or leg;
- (10) loss due to Quadriplegia, Triplegia, Paraplegia, Hemiplegia, or Uniplegia;
- (11) loss due to Coma; or
- (12) loss due to Brain Damage; or
- (13) Total and Permanent Disability.]

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[Covered Accident means an accident which happens:

- (1) to you while you are engaged in or the victim of a Hazard described in the Hazard provisions; or
- (2) to your Qualified Dependent for whom you are insured for Dependents Insurance and who is engaged in or the victim of a Hazard described in the Hazard provisions.]

### A. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

- (1) [The person] sustain[s] an accidental bodily Injury while a Covered Person.
- (2) The Loss results directly from that Injury and from no other cause.

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[(3) The Loss is due to a Covered Accident.]

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(4) [The person] suffer[s] the Loss within [<30-365> days after the Covered Accident]. [But, if the Loss is due to:

(a) Quadriplegia, Triplegia, Paraplegia, Hemiplegia, or Uniplegia, the person suffers the Loss within <30-365> days after the Covered Accident.

(b) Coma, that Loss:

(i) begins within <30-365> days after the Covered Accident;

(ii) requires a Hospital Inpatient Stay of more than <1-60> consecutive days within <30-365> days after the Covered Accident;

(iii) continues for <one-twelve> consecutive months; and

(iv) is total, continuous and permanent at the end of that <one-twelve> month period.

Any benefit for a Loss due to Coma will not begin until the end of the <one-twelve>-month period in (iii) above.

(c) Brain Damage, that Loss:

(i) begins within <30-365> days after the Covered Accident;

(ii) requires a Hospital Inpatient Stay of more than <1-60> consecutive days within <30-365> days after the Covered Accident; and

(iii) continues for <one-twelve> consecutive months.

Any benefit for a Loss due to Brain Damage will not begin until the end of the <one-twelve>-month period in (iii) above.

(d) Total and Permanent Disability, that Loss:

(i) begins within <30-365> days after the Covered Accident;

(ii) continues for <one-twelve> consecutive months; and

(iii) is total, continuous and permanent at the end of that <one-twelve> month period.

Any benefit for a Loss due to Total and Permanent Disability will not begin until the end of the <one-twelve>-month period in (ii) above.]

5

[For the purposes of the Coverage:

(1) Exposure to the elements will be considered an accidental bodily Injury.

(2) It will be presumed that the person has suffered a Loss of life if the person's body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which the person was an occupant.]

Not all such Losses are covered. See Losses Not Covered below.

6

**Benefit Amount Payable:** [The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limits below.

Percent of the Person's  
Amount of Insurance

Loss of or by Reason of:

Life .....	<100-200>
Sight of Both Eyes .....	<100-200>
Speech and Hearing in Both Ears .....	<100-200>
Both Hands .....	<100-200>
Both Feet .....	<100-200>
One Hand and One Foot .....	<100-200>
One Hand and Sight of One Eye .....	<100-200>
One Foot and Sight of One Eye .....	<100-200>
Quadriplegia .....	<100-200>
Triplegia .....	<75-150>
One Arm.....	<50-150>
One Leg .....	<50-150>
Paraplegia.....	<50-150>
Sight of One Eye.....	<50-100>
Speech .....	<50-100>
Hearing in Both Ears.....	<50-100>
One Hand .....	<50-100>
One Foot.....	<50-100>
Hemiplegia.....	<50-100>
Uniplegia .....	<25-50>
Thumb and Index Finger of the Same Hand .....	<25-50>
Hearing in One Ear .....	<25-50>
All Toes on One Foot .....	<13-26>
Loss of Use .....	<25-100>
Coma .....	the lesser of <1%-5%> per month and <\$100-\$5,000>, ..... up to <11-100> months; after <11 -100> months a lump ..... sum will be paid equal to 100% of the Amount of Insurance ..... minus the amount already paid for Coma
Brain Damage .....	the lesser of <1%-5%> per month and <\$100-\$5,000>, ..... up to <11-100> months; after <11 -100> months a lump ..... sum will be paid equal to 100% of the Amount of Insurance ..... minus the amount already paid for Brain Damage
Total and Permanent Disability .....	<1%-5%> per month, ..... up to <11-100> months]

2

**[Limits:]**

7

**[Limits Per Covered Accident:**

- (1) No more than the Amount of Insurance on a person at the time of the Covered Accident will be paid for all Losses resulting from Injuries sustained in that accident.
- (2) Benefits for accidental Loss which results from a Covered Accident will be paid only once, even if more than one Hazard provision applies.]

8 **[Aggregate Limit(s):** If, as a result of one accident, the total amount of benefits payable for all Covered Persons under all accident Coverages of the Group Contract is more than the applicable Aggregate Limit, the benefit amount payable for a specific Covered Person's Loss will be determined as a proportionate share of that Limit.

The Aggregate Limit(s) are shown in the Schedule of Benefits.]

2 **[Optional Settlement:** If an amount becomes payable under this Coverage at death, the person to whom it is payable and Prudential may then mutually agree to payment in other than one sum. This may be done only if that person is a natural person taking in that person's own right.]

## **B. LOSSES NOT COVERED.**

A Loss is not covered if it results from any of these:

- (1) Suicide or attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Sickness, whether the Loss results directly or indirectly from the Sickness.
- 9 [(4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- (5) Any bacterial or viral infection. But, this does not include:
  - (a) a pyogenic infection resulting from an accidental cut or wound; or
  - (b) a bacterial infection resulting from accidental ingestion of a contaminated substance.
- (6) Taking part in any insurrection.
- (7) War, or any act of war, except as provided by the War Risk Hazard provision. War means declared or undeclared war, and includes resistance to armed aggression.
- (8) An accident that occurs while the person is serving on full-time active duty for more than <30-120> days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (9) Travel or flight in any vehicle used for aerial navigation, except as provided by any Hazard provision, if:
  - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - (b) the person is performing as a pilot or a crew member of any aircraft; or
  - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

This includes getting in, out, on or off any such vehicle.

- (10) Commission of or attempt to commit an assault or a felony.
- (11) Being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
- (12) Participation in these hazardous sports: scuba diving; bungee jumping; skydiving; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- (13) Injury arising out of, or in the course of, any work for wages or profit (whether or not with the Employer), except as provided by any Hazard provision.]

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The Claim Rules and the "To Whom Payable" part of the Schedule of Benefits apply to the payment of the benefits.

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## The Prudential Insurance Company of America

### Explanation of Variable Language for

#### 83500 ADD R 10018

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as dates, names, addresses, numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person” or “Employee” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The terms “Dependent”, “Spouse” or “Child” may be deleted or modified to reflect only the applicable dependents, and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse and children; spouse only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

## **The Prudential Insurance Company of America**

### **Explanation of Variable Language for**

#### **83500 ADD R 10018**

##### Additional Illustrative Material for 83500 ADD R 10018

The term “Covered Accident” may be replaced by “accident”, where appropriate.

##### Marginal Notes

1. The title may be modified. For example, it may be modified to:
  - reflect death only coverage; or
  - delete “Voluntary”; or
  - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
  - reflect Business Travel Accident Coverage.
2. This item may be deleted.
3. This item may be deleted in whole or in part, additional losses may be added, and this item may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder. In addition, the term “Coma” may be replaced with Vegetative State”, or another similar term.
4. This item may be deleted in whole or in part, or may be revised to reference the applicable Hazard(s).
5. This item may be deleted in whole or in part, or altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder.
6. This item may be deleted in whole or part, additional losses may be added, and this item may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder. In addition, the term “Coma” may be replaced with “Vegetative State”, or another similar term, and all amounts may be increased or decreased as mutually agreed upon by Prudential and the Contract Holder.
7. This item may be deleted in whole or part or revised to reflect another limit, such as:
  - No more than the Amount of Insurance on a person will be paid for all Losses resulting from Injuries sustained in one or more Covered Accidents.

- Only one amount, the largest, on a person at the time of the Covered Accident will be paid for all Losses resulting from Injuries sustained in that accident.
  - Only one amount, the largest, on a person will be paid for all Losses resulting from Injuries sustained in one or more Covered Accidents.
8. This item may be deleted in whole or part, or revised to reference the specific coverage(s) or the specific Aggregate Limit(s).
9. This item may be deleted in whole or part, or revised to reflect the losses not covered that are mutually agreed upon by Prudential and the Contract Holder. For example:
- The war item may be revised to be waived if employment requires travel to specific areas, such as areas other than the Continental United States.
  - The air travel item may be revised to not cover flight or travel in certain types of aircraft or in aircraft used for certain types of activities, such as firefighting, exploration, pipe or powerline work or aerial photography.
  - The felony item may reference common law felony, defined to include crimes such as robbery, rape, arson, murder, kidnapping or burglary.
  - The intoxication item may reference alcohol, specific drugs, poisons or gases that are voluntarily taken, or the intoxication laws of the state where the accident occurs, or it may apply to injuries sustained while operating an air, land or water vehicle.

# 1 Additional Benefits under [Voluntary Accidental Death and Dismemberment] Coverage [#1]

## [FOR YOU AND YOUR DEPENDENTS]

An additional benefit may be payable for a Loss for which a benefit is payable under the other terms of this Coverage or would be payable except for the Limitations of those terms. Any such benefit is payable in addition to any other benefit payable under this Coverage. The additional amount payable for each additional benefit is shown in the Schedule of Benefits. Any additional conditions that apply to an additional benefit are shown below. An additional benefit is payable only if those conditions are met.

### 2 (1) [Additional Benefit for Loss of Life as a Result of a Non-occupational Vehicle Accident:

This additional benefit for the person's Loss of life only applies if this test is met.

2a The person sustains an accidental bodily Injury resulting in the Loss in one of these ways:

- (a) while a driver or passenger of an Automobile not being used by the person for commercial or occupational purposes;
- (b) as a result of being struck by a motor vehicle while the person is not driving or riding in or on one; or
- (c) while a passenger in or on a public vehicle provided by a common carrier for passenger service.

**Losses Not Covered under this Additional Benefit:** A Loss is not covered under this additional benefit if it results:

- (a) from driving or riding in any Automobile used in a race or a speed or endurance test, or for acrobatic or stunt driving, or for any illegal purpose; or
- (b) from an Injury caused, wholly or partly, by riding in an Automobile being operated by another person while that person is legally intoxicated or under the influence of a narcotic.

### 2b (2) Additional Benefit for Loss of Life as a Result of an Accident in an Automobile While Using a Seat Belt and Air Bag:

This additional benefit for the person's Loss of life only applies if this test is met.

The person sustains an accidental bodily Injury resulting in the Loss while:

- (a) the person is a driver or passenger in an Automobile;
- (b) the person is wearing a Seat Belt in the manner prescribed by the vehicle's manufacturer;

- (c) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s);
- (d) the Automobile is equipped with a factory-installed Air Bag; and
- (e) a properly functioning Air Bag was deployed for the seat that the person occupied.

**Losses Not Covered under this Additional Benefit:** A Loss is not covered under this additional benefit if it results:

- (a) from driving or riding in any Automobile used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose; or
- (b) from an Injury caused, wholly or partly, by riding in an Automobile being operated by another person while that person is legally intoxicated or under the influence of a narcotic.

**(3) Additional Benefit for Tuition Reimbursement for Your Dependent Spouse:**

This additional benefit for tuition reimbursement for your dependent spouse only applies if you suffer a Loss of life.

An additional benefit for tuition reimbursement is payable for your Qualified Dependent spouse who:

- (a) is insured for Dependents Insurance under the Coverage on the date of your death; and
- (b) enrolls in any professional or trades program within <1-36> months after the date of your death for the purposes of obtaining an independent source of support or enriching that spouse's ability to earn a living. Proof of enrollment must be given to Prudential.

**(4) Additional Benefit for Tuition Reimbursement for Your Dependent Child:**

This additional benefit for tuition reimbursement for your dependent child only applies once. It applies if either: (a) you suffer a Loss of life; or (b) your Qualified Dependent spouse suffers a Loss of life. Date of death, as used below, refers to your or your spouse's date of death depending upon whose Loss of life this additional benefit is payable.

An additional benefit for tuition reimbursement is payable for each Qualified Dependent child less than age <21-28> who, on the date of death, is:

- (a) insured for Dependents Insurance under the Coverage; and
- (b) enrolled as a full-time student in a School; or
- (c) in the 12th grade and becomes a full-time student in a School within <30-365> days after that date.

Proof of enrollment must be given to Prudential.

**(5) Additional Benefit for Child Care Expenses for Your Dependent Child:**

This additional benefit for child care expenses for your dependent child only applies once. It applies if either: (a) you suffer a Loss of life; or (b) your Qualified Dependent spouse suffers a Loss of life. Date of death, as used below, refers to your or your spouse's date of death depending upon whose Loss of life this additional benefit is payable.

This additional benefit is payable for each Qualified Dependent child less than age <7-13> who:

- (a) is insured for Dependents Insurance under the Coverage on the date of death; and
- (b) is enrolled at a Child Care Center on the date of death; or
- (c) becomes enrolled at a Child Care Center within <30-120> days after the date of death.

Proof of enrollment must be given to Prudential.

2c

**(6) Additional Benefit for Return of Remains:**

This additional benefit for return of remains only applies if the person suffers a Loss of life and such Loss occurs outside a <50-500>-mile radius of the person's home. It is payable for Return of Remains Expenses incurred to return the person's body home to the United States or Canada.

2d

**(7) Additional Benefit for Loss as a Result of Felonious Assault:**

This additional benefit only applies if you suffer a Loss that is the result of a Felonious Assault which occurs:

- (a) because of your employment; and
- (b) while you are Working for Your Employer or on an Authorized Business Trip.

**(8) Additional Benefit for Your Spouse's Loss of Life as a Result of a Common Accident:**

This additional benefit for your spouse's Loss of life only applies if all of these tests are met:

- (a) Your Qualified Dependent spouse is insured for Dependents Insurance under the Coverage on the date of the accident that results in your spouse's Loss of life.
- (b) You and your spouse both suffer a Loss of life as a result of the same accident or separate accidents that occur within <24-48> hours of each other.
- (c) You have surviving dependent children on the date(s) of the accident(s).

**(9) Additional Benefit for Your Child's Loss:**

This additional benefit for a Qualified Dependent child's Loss only applies if both of these tests are met:

- (a) That Loss is not a Loss of life.
- (b) That child is insured for Dependents Insurance under the Coverage on the date of the accident that results in that Loss.

This benefit is not payable if the child dies within <30-365> days of the accident.

**(10) Additional Benefit During Critical Period After Your or Your Spouse's Loss of Life:**

This additional benefit only applies if either: (a) you suffer a Loss of life; or (b) your Qualified Dependent spouse suffers a Loss of life. If you suffer a Loss of Life, it is payable during the Critical Period following your death. If your spouse suffers a Loss of life, it is payable during the Critical Period following your spouse's death.

This benefit is only payable if these tests are met:

- (a) If you suffer a Loss of life, your spouse is insured for Dependents Insurance under the Coverage on the date of your death.
- (b) The person who suffers the Loss has a surviving spouse or surviving dependent child on the date of death.

**(11) Additional Benefit for Bereavement and Trauma Counseling:**

This additional benefit only applies if the person requires bereavement and trauma counseling because you, your Qualified Dependent spouse or your Qualified Dependent child suffer a Loss. It is payable for Bereavement and Trauma Counseling Sessions that are held within one year after the date of the accident causing the Loss.

**(12) Additional Benefit for Emergency or Disaster Response Team Member:**

This additional benefit only applies if you suffer a Loss that results from an accident (including while riding in, getting into or out of an ambulance, airplane or helicopter) that occurs:

- (a) while you are a participating member of the Contract Holder's emergency or disaster response team;
- (b) while you are responding to a bona fide emergency or disaster as determined by the Contract Holder; and
- (c) while you are Working for Your Employer.

**(13) Additional Benefit for Loss as a Result of Carjacking:**

This additional benefit only applies if the person suffers a Loss that is the result of a Carjacking of an Automobile in which the person is riding.

**(14) Additional Benefit for Home Alteration and Vehicle Modification Expense:**

This additional benefit for Home Alteration and Vehicle Modification Expense only applies once. It applies if the person suffers a Loss that requires home alteration or vehicle modification.

2d

**(15) Additional Benefit for Medical Evacuation Expense:**

This additional benefit for medical evacuation only applies to the person's Loss if both of these tests are met:

- (a) A Doctor determines that the severity of the person's accidental bodily Injury requires medical evacuation.
- (b) The person is at least <50-100> miles from the person's permanent residence.

2d

**(16) Additional Benefit for Medical Expenses:**

This additional benefit for Medical Expenses only applies once. It only applies if a person sustains an accidental bodily Injury that results in a Loss that:

- (a) causes the person to seek medical treatment within 24 hours of the date of the accident; and

(b) results in Medical Expenses within <30-365> days of the accident.

**(17) Additional Benefit for Monthly Medical Premium:**

This additional benefit for monthly medical premium only applies if all of these tests are met:

- (a) You suffer an accidental bodily Injury that results in a Loss within <30-365> days of an accident.
- (b) The accidental bodily Injury: (i) results in your having to take a leave of absence from your job with your Employer; or (ii) ends your employment with your Employer.
- (c) You choose to continue membership in your Employer's medical plan beyond the time that it would otherwise end.

**(18) Additional Benefit for Spouse or Child Medical Premium:**

This additional benefit for medical premium for your dependent Spouse or dependent child only applies if you suffer a Loss of life.

An additional benefit for medical premiums is payable for your Qualified Dependent Spouse or child who:

- (a) is insured for Dependents Insurance under the Coverage on the date of your death; and
- (b) elects to continue membership in your Employer's medical plan.

**(19) Additional Benefit for Monthly Mortgage Payment:**

This additional benefit for monthly Mortgage payment only applies if all of these tests are met:

- (a) You suffer an accidental bodily Injury that results in a Loss of life within <30-365> days of an accident.
- (b) You have a surviving spouse at the time of your death.
- (c) Your surviving spouse is a co-borrower on your Mortgage.
- (d) You have an outstanding balance on your Mortgage at the time of your death.

Your surviving spouse must give Prudential your Mortgage loan number, along with the name and telephone number of your Mortgage company.

**(20) Additional Benefit for Monthly Rehabilitation Expense:**

This additional benefit for Rehabilitation Expense only applies if both of these tests are met:

- (a) The person suffers an accidental bodily Injury that results in a Loss within <30-365> days of an accident.
- (b) A Doctor determines that rehabilitation is Medically Necessary to aid the person in returning to the normal activities of a person of the same age and gender.

**(21) Additional Benefit for Funeral Expenses:**

This additional benefit for Funeral Expenses only applies if the person suffers an accidental bodily Injury that results in a Loss of life within <30-365> days of an accident.

**(22) Additional Benefit for Loss of Life as a Result of an Accident Involving a Common Carrier:**

This additional benefit for the person's Loss of life is payable only if this test is met.

The person sustains an accidental bodily Injury resulting in the Loss while the person is boarding, leaving, or riding as a passenger on a common carrier, or as a result of being struck by a common carrier.

**(23) Additional Benefit for Loss While on Business Travel:**

This additional benefit only applies if you suffer a Loss that results from an accident that occurs while you are on an Authorized Business Trip.]

**(24) Additional Benefit for Loss of Life as a Result of a Motorcycle Accident While Wearing Safety Equipment:**

This additional benefit for the person's Loss of life only applies if this test is met.

The person sustains an accidental bodily Injury resulting in the Loss while:

- (a) the person is a driver or passenger on a motorcycle;
- (b) the person is wearing all of the following as verified in an official police accident report, medical examiner report or coroner's report: a Helmet, protective clothing, long pants and boots; and
- (c) the driver of the motorcycle on which the person was riding has a current and valid driver's license, which includes motorcycles, at the time of the accident.

**Losses Not Covered under this Additional Benefit:** A Loss is not covered under this additional benefit if it results:

- (a) from driving or riding on any motorcycle used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose; or
- (b) from an Injury caused, wholly or partly, by riding on a motorcycle being operated by another person while that person:
  - (i) is under the influence of alcohol, or alcohol intoxication, as defined by the laws of the jurisdiction in which the Loss occurred. Conviction is not required for a determination of being intoxicated; or
  - (ii) is under the influence or taking any drug, medication, narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the insured's physician.

3

**[A. ADDITIONAL BENEFIT FOR FAMILY RELOCATION AND ACCOMPANIMENT.]**

This additional benefit for family relocation and accompaniment only applies if both of these tests are met:

- (1) Your spouse or Dependent Child sustains an accidental bodily Injury resulting in a Loss that would be payable if you sustained the Injury.
- (2) Your spouse or Dependent Child sustains the Injury while with you or on the way to join you on a Relocation Trip, or while accompanying you on an Authorized Business Trip.

Dependent Child: Each of your unmarried children less than 19 years old, including your legally adopted children, children placed with you for adoption prior to legal adoption, and each of your stepchildren and foster children who depends on you for support and maintenance. But, the age 19 limit does not apply to a child who:

- (1) wholly depends on you for support and maintenance, is enrolled as a full-time student in a school, and is less than age <21-28>; or
- (2) is mentally or physically incapable of earning a living and otherwise meets the definition of Dependent Child.

**Benefit Amount Payable for Family Relocation and Accompaniment:** The additional amount payable is shown in the Schedule of Benefits.]

4

**[B. ADDITIONAL BENEFIT FOR CRITICAL BURNS.]**

This additional benefit only applies if you suffer Critical Burns:

- (1) while a Covered Person under the Coverage;
- (2) that result in Permanent Disfigurement; and
- (3) that were sustained while you were Working for Your Employer.

This additional benefit is not payable if an Additional Benefit for Total and Permanent Disability has been paid under this Coverage due to the same accident.]

4

**[C. ADDITIONAL BENEFIT FOR OCCUPATIONAL HIV OR HEPATITIS.]**

This additional benefit only applies if you meet all of these tests:

- (1) You are a Covered Person under the Coverage on the date of an Occupational Accident.
- (2) You test positive for HIV or Hepatitis within <30-365> days of the date of an Occupational Accident.
- (3) Within <24-72> hours following the Occupational Accident:
  - (a) You report the Occupational Accident to Prudential and to the Contract Holder in writing; and

- (b) You undergo a Food and Drug Administration (FDA) approved preliminary screening test for both HIV and Hepatitis which confirms that you do not have a positive test for HIV and Hepatitis at the time of the Occupational Accident.
- (4) You provide to Prudential written notification of the test results directly from the laboratory that performed the test as soon as reasonably possible.
- (5) Benefits under the Coverage would be payable if you suffered a Loss of life.

The monthly benefit begins on the first day of the month following the month you test positive for HIV or Hepatitis.

If you test positive for both Hepatitis and HIV as a result of the same Occupational Accident, only one monthly benefit will be paid.

This benefit does not pay any expenses incurred for testing for Hepatitis or HIV.

**Benefit Amount Payable for Occupational HIV or Hepatitis:** The additional amount payable is shown in the Schedule of Benefits.]

**5 | [D. ADDITIONAL BENEFIT FOR TOTAL DISABILITY.]**

This additional benefit for your or your Qualified Dependent spouse's Total Disability is payable only if all of these tests are met:

- (1) The person sustains an accidental bodily Injury while a Covered Person under the Coverage.
- (2) Benefits under the Coverage would be payable if the person suffered a Loss of life:
  - (a) as a result of that Injury; and
  - (b) within one year after the person sustains the Injury.
- (3) Within <30-365> days after the person sustains that Injury, that person becomes Totally Disabled as a direct result of that Injury and from no other cause.
- (4) The person remains continuously so disabled during the rest of the <6-12 month> period after the person sustains the Injury.
- (5) The person is less than age <60-100> when the person becomes Totally Disabled.

Benefits for Total Disability are payable on a monthly basis. Benefits will not begin until <6-12> months from the date the person becomes Totally Disabled.

More than one Injury: For the purpose of this additional benefit:

- (1) All of a person's Injuries sustained in one accident will be considered one Injury.
- (2) If, while the person qualifies for the monthly benefits as the result of an Injury sustained in an accident, the person would qualify for the monthly benefits as the result of an Injury sustained in a later accident, the following will apply. The Injuries sustained in all those accidents will be considered to be one Injury sustained in the first of those accidents.

This additional benefit is not payable while an Additional Benefit for Total and Permanent Disability is being paid under this Coverage due to the same accident.

**Benefit Amount Payable for Total Disability:** The additional amount payable is shown in the Schedule of Benefits.]

**6 [E. ADDITIONAL BENEFIT FOR TOTAL AND PERMANENT DISABILITY.]**

This additional benefit for your or your Qualified Dependent spouse's Total and Permanent Disability is payable only if all of these tests are met:

- (1) The person sustains an accidental bodily Injury while a Covered Person under the Coverage.
- (2) Benefits under the Coverage would be payable if the person suffered a Loss of life:
  - (a) as a result of that Injury; and
  - (b) within one year after the person sustains the Injury.
- (3) Within <30-365> days after the person sustains that Injury, that person becomes Totally and Permanently Disabled as a direct result of that Injury and from no other cause.
- (4) The person remains continuously so disabled during the rest of the <6-12> month period after the person sustains the Injury.
- (5) The person is less than age <60-100> when the person becomes Totally and Permanently Disabled.

Benefits for Total and Permanent Disability are payable on a monthly basis. Benefits will not begin until <6-12> months from the date the person becomes Totally and Permanently Disabled.

More than one Injury: For the purpose of this additional benefit:

- (1) All of a person's Injuries sustained in one accident will be considered one Injury.
- (2) If, while the person qualifies for the monthly benefits as the result of an Injury sustained in an accident, the person would qualify for the monthly benefits as the result of an Injury sustained in a later accident, the following will apply. The Injuries sustained in all those accidents will be considered to be one Injury sustained in the first of those accidents.

This additional benefit is not payable: (1) if an Additional Benefit for Critical Burns has been paid under this Coverage due to the same accident; or (2) while an Additional Benefit for Total Disability is being paid under this Coverage due to the same accident.

**Benefit Amount Payable for Total and Permanent Disability:** The additional amount payable is shown in the Schedule of Benefits.]

**4 [F. ADDITIONAL MONTHLY BENEFIT FOR A HOSPITAL INPATIENT STAY.]**

An additional benefit for a Hospital Inpatient Stay is payable only if all of these tests are met:

- (1) The person sustains an accidental bodily Injury while a Covered Person under the Coverage.
- (2) Treatment for any such Injury requires a Hospital Inpatient Stay of more than <1-14> consecutive days.
- (3) The Hospital Inpatient Stay begins within <1-365> days of the accident.

- (4) The provisions of the Losses Not Covered section of the Coverage apply to the cause of the Injury as if it were a Loss.

**Additional Monthly Benefit Amount Payable for a Hospital Inpatient Stay:** The additional amount payable is shown in the Schedule of Benefits.

**Maximum Benefit Duration:** The additional benefit time limit is shown in the Schedule of Benefits.]

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## The Prudential Insurance Company of America

### Explanation of Variable Language for

#### 83500 ADD A 10009

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as dates, names, addresses, numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person” or “Employee” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The terms “Dependent”, “Spouse” or “Child” may be deleted or modified to reflect only the applicable dependents, and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse and children; spouse only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

## The Prudential Insurance Company of America

### Explanation of Variable Language for

#### 83500 ADD A 10009

##### Marginal Notes

1. The title may be modified. For example, it may be modified to:
  - reflect death only coverage; or
  - delete “Voluntary”; or
  - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
  - reflect Business Travel Accident Coverage.
2. This item shows a full range of additional benefits that may be offered to a Contract Holder. Prudential anticipates offering all, some or none of these additional benefit options. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, all references to “Loss” or “Loss of life” may be revised to refer to all losses or only specific types of losses, and references to “date of death” may be revised to “date of Loss” or another appropriate term.
  - 2a. This item may be revised to apply to either business or pleasure or both.
  - 2b. This item may be revised to separate the Seat Belt and Air Bag Benefit into two separate benefits.
  - 2c. This item may be revised to change or remove the number of miles, to remove reference to the United States and/or Canada, or to include additional locations.
  - 2d. This item may be revised so that a benefit is payable for any accidental bodily Injury rather than only if the person suffers a “Loss” as defined by the Voluntary Accidental Death and Dismemberment Coverage form. In addition, this item may be moved to another part of this form to become a lettered additional benefit rather than a numbered additional benefit.
3. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. In addition, this item may be revised to apply to other insured persons, such as dependents.

4. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder.
5. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may be revised so that the benefit is a weekly benefit rather than a monthly benefit.
6. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may be revised so that the benefit is a one-time lump sum benefit rather than monthly installments, and all references that are inapplicable to a lump sum benefit would be deleted or revised.

# 1 Definitions under [Voluntary Accidental Death and Dismemberment] Coverage [#1]

## [FOR YOU AND YOUR DEPENDENTS]

Some of the terms used in the Coverage:

2 **[Air Bag:** An inflatable safety device that: (1) meets published federal safety standards; (2) is installed by the Automobile's manufacturer; and (3) is not altered after that installation.

**Air Common Carrier:** Any regularly scheduled aircraft operated under a license for the transportation of passengers for hire. The term includes a shuttle bus, tram or other vehicle used to transport people within an airport.

**Authorized Business Trip:** A trip that your Employer authorizes you to take for the purpose of furthering its business. An Authorized Business Trip: (1) starts when you leave your residence or Regular Place of Employment, whichever is later; and (2) ends when you return to your residence or Regular Place of Employment, whichever is earlier.

The term includes trips for personal reasons that are taken during the course of authorized business travel if they do not exceed <1-30> consecutive days. But it does not include Commuting to and from Work, vacations or leaves of absence.

**Automobile:** A validly registered:

- (1) vehicle that may be legally driven with the standard issue class of motor vehicle driver's license and no additional class of license is necessary to operate this vehicle; or
- (2) four wheel, two axle private passenger motor vehicle.

But Automobile does not include: (1) cars owned, leased or rented by the Contract Holder or any of its subsidiaries or affiliates; (2) a motor vehicle intended for off-road use; or (3) a motor vehicle being used without the owner's permission.

**Bereavement and Trauma Counseling Sessions:** Sessions with a licensed psychiatrist, psychologist or other medical professional acting within the scope of the license: (1) that is essential to assist in coping with the Loss for which it is provided; and (2) for which a charge is made.

**Bomb:** Any explosive device fused to detonate and placed with the intent to cause injury, damage or fear.

**Bomb Scare:** Any: (1) report of the presence of a Bomb (whether or not there actually is a Bomb) that requires both evacuation of the Contract Holder's premises and an organized search of such Bomb; or (2) explosion of a Bomb, whether or not reported in advance.

**Brain Damage:** The permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life.

**Carjacking:** Taking unlawful possession of an Automobile by someone unknown to the person by means of force or threats against the person(s) rightfully occupying such Automobile and for which a police report is made.

**Certificate of Competency:** A current valid Certificate of Competency indicating that the person to whom it is issued is qualified as a pilot to fly a particular type of aircraft.

**Certified:** The aircraft has a current valid "standard" Airworthiness Certificate issued by the Federal Aviation Administration or its foreign equivalent.

**Child Care Center:** A facility or individual which:

- (1) operates pursuant to law, if locally required;
- (2) is not a family member; and
- (3) primarily provides care and supervision for children in a group setting on a regular, daily basis.

**Coma:** A profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's Doctor.

**Common Carrier:** Any: (1) air, land or water vehicle operated under a license for the transportation of passengers for hire; or (2) aircraft operated by the Military Air Transport Service (MATs) of the United States or by a similar military air transport service of any duly constituted governmental authority of any other recognized country.

The term includes: (1) a shuttle bus, tram or other vehicle used to transport people within an airport; and (2) chartered aircraft. But it does not include any aircraft: owned; operated; controlled; or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers.

**Commuting to and from Work:** Leaving your primary residence and going directly to your Regular Place of Employment; and returning from your Regular Place of Employment and going directly to your primary residence. Such commuting must take place during a regular workday.

**Covered Aircraft:** Any:

- (1) Certified civilian aircraft provided it is operated by a pilot who has a Certificate of Competency;
- (2) Civilian scheduled air carrier holding certificate, license or similar authorization for civilian scheduled air carrier transportation by the country of the aircraft's registry, and which in accordance therewith files, prints, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, or any chartered flights operated by such carriers;
- (3) Aircraft operated by the Military Air Transport Services (MATs) of the United States or by the similar military air transport services of any duly constituted governmental authority of any other recognized country; or
- (4) Powered aircraft having a valid and current NC or N Standard Airworthiness Certificate issued by the Civil Aeronautics Administration of the United States, or its successor, or any similar certificate issued by the jurisdictional agency or authority of any other recognized country, and piloted by a person who then holds a valid and current Certificate of Competency of a rating authorizing him to pilot such aircraft.

- (4) Experimental aircraft flown while Working for your Employer for the purposes of: (a) flight testing; (b) ferrying; or (c) sales, provided it is piloted by a person who then holds a valid and current Certificate of Competency of a rating authorizing the person to pilot such aircraft.

The term includes chartered aircraft. But it does not include any aircraft: owned; operated; controlled; or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers.

**Covered Aircraft Used for Transportation Flights Only:** Any: (1) civilian aircraft previously approved by the Federal Aviation Administration if it is being used solely for the transportation of passengers and is operated by a pilot who holds a Certificate of Competency; or (2) previously approved military aircraft if it is being used solely for the transportation of passengers and is operated by a pilot who holds a Certificate of Competency or its military equivalent.

**Critical Burns:** Burns that are classified by a Doctor as being more severe than second degree.

**Critical Period:** The <6-36> months immediately following your or your spouse's death.

**Felonious Assault:** A Physical Attack by another person resulting in bodily harm to you. But, a Felonious Assault is not a moving violation as defined under the applicable state motor vehicle laws.

**Funeral Expenses:** Expenses for services and materials provided by an undertaker, crematorium or funeral home relating to burial of the person and for the purchase of a cemetery plot, tomb or mausoleum for the burial or internment of the deceased, including plaque, tombstone or monument.

**Helmet:** A protective headgear that meets or exceeds the standards established by the Snell Memorial Foundation Standard M-95 or M2000, the American National Standards Institute specification Z 90.1, or the United States Department of Transportation's Federal Motor Vehicle Safety Standard No. 218.

**Hemiplegia:** The total and permanent paralysis of the upper and lower limbs on one side of the body.

**Hepatitis:** Viral hepatitis, excluding Type A hepatitis.

**Hijacking:** Taking unlawful possession of any air, land, or water vehicle, except a private automobile, by means of force or threats against the person(s) rightfully occupying such vehicle.

**Home Alteration and Vehicle Modification Expenses:** One-time expenses that are charged for:

- (1) alterations to your residence that are necessary to make the residence accessible and habitable to a person who has suffered a Loss; or
- (2) modifications to a motor vehicle owned or leased by a person that are needed to make such vehicle accessible to or drivable by the person.

Such alteration or modification must be made: because of the Loss; completed by individuals experienced in such alteration or modification; meet appropriate marketing standards; and be in compliance with any applicable laws or regulations of appeal by any appropriate government authority.

The term does not include charges that exceed the reasonable and customary charges for similar alterations and modifications in the locality where the charges are incurred.

**Hospital:** An institution that meets either of these tests:

- (1) It is accredited as a hospital under the Hospital Accreditation Program of the Joint Commission on Accreditation of Healthcare Organizations.
- (2) It is legally operated, has 24 hour a day supervision by a staff of Doctors, has 24 hour a day nursing service by registered graduate nurses, and complies with (a) or (b):
  - (a) It mainly provides general inpatient medical care and treatment of sick and injured persons by the use of medical, diagnostic and major surgical facilities. All such facilities are in it or under its control.
  - (b) It mainly provides specialized inpatient medical care and treatment of sick or injured persons by the use of medical and diagnostic facilities (including X-ray and laboratory). All such facilities are in it, under its control, or available to it under a written agreement with a Hospital (as defined above) or with a specialized provider of those facilities.

But Hospital does not include a nursing home. Neither does it include an institution, or part of one, which: (1) is used mainly as a place for convalescence, rest, nursing care or for the aged; or (2) furnishes mainly homelike or Custodial Care, or training in the routines of daily living; or (3) is mainly a school.

**Hospital Inpatient Stay:** A Hospital stay for which a room and board charge is made by the Hospital. All of the person's Hospital Inpatient Stays for treatment of bodily Injury sustained in one accident will be considered one Stay unless separated by <30-180> days.

**House:** A single family home, a townhouse or a condominium that you own and use as your primary residence. But House does not include a cooperative or an income producing property that is not your primary residence.

**Land or Water Common Carrier:** Any vehicle, excluding aircraft, operated under a license for the transportation of passengers for hire.

**Loss of Hearing:** The total and permanent loss of hearing that continues for at least <1-12> consecutive months following the Covered Accident.

**Loss of Sight:** The total and permanent loss of sight. Visual acuity must be 20/200 or worse or the field of vision must be less than 20 degrees.

**Loss of Speech:** The total and permanent loss of speech that continues for at least <1-12> consecutive months following the Covered Accident.

**Loss of Use:** The total and permanent loss of function.

**Medical Expenses:** Charges out of pocket for medical services and supplies that:

- (1) are of the usual type furnished in connection with the diagnosis and treatment of the accidental bodily Injury;
- (2) do not exceed the reasonable and customary charges within the geographical area in which they are incurred;
- (3) are authorized by a Doctor; and
- (4) are incurred in an emergency room or urgent care center.

**Medical Evacuation Expense:** An expense to transport the injured person to the nearest appropriate Hospital capable of providing the necessary medical treatment.

**Medically Necessary:** Treatment that is necessary for the diagnosis or care of an Injury. The treatment must be widely accepted professionally in the United States as effective, appropriate and essential based on recognized standards of health care. Prudential will have the right to review the medical records to determine whether treatment was Medically Necessary.

**Mortgage:** A loan that is secured by your House. The term includes any property taxes and insurance that may be included in the monthly payment.

**Occupational Accident:** An exposure to the Human Immunodeficiency Virus (HIV) or Hepatitis which occurs while you are Working for Your Employer. The exposure must be: (1) cutaneous through abraded skin; (2) percutaneous; or (3) mucocutaneous.

**Paraplegia:** The total and permanent paralysis of both lower limbs.

**Permanent Disfigurement:** Scarring over <10%-75%> of the body that can be corrected only by cosmetic surgery.

**Personal Deviation:** An activity that is not related to Contract Holder business, and not incidental to business travel.

**Physical Attack:** Any willful or unlawful use of force or violence upon you with the intent to cause bodily Injury to you. The Physical Attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs.

**Public Vehicle:** Any vehicle operated under a license for the transportation of passengers for hire. The term includes a shuttle bus, tram or other vehicle used to transport people within an airport.

**Quadriplegia:** The total and permanent paralysis of both upper and both lower limbs.

**Regular Place of Employment:** The Employer's place of business at which you spend at least <0-100%> of your working hours and which is located within <10-100> miles of your primary residence. Satellite offices located within <10-100> miles of your primary residence are also included.

**Rehabilitation Expense:** An expense that a Doctor has determined is Medically Necessary to enable the injured person to return to the normal activities of a person of the same age and gender. Rehabilitation Expense includes: (1) the expense for treatment by a rehabilitation therapist who is licensed, registered and/or certified to provide such treatment; and (2) the expense of confinement in a health care facility for rehabilitation.

**Relocation Trip:** A trip due to your relocation, at the request and expense of the Contract Holder, which:

- (1) begins when you leave your former place of residence for the purpose of relocating at a new residence; and
- (2) ends when you arrive at the new residence.

A Relocation Trip does not include any period of time during which you take a personal trip or vacation.

**Rented Automobile:** A rented or leased legally registered four wheel, two axle private passenger motor vehicle other than your primary personal vehicle.

**Return of Remains Expenses:** Expenses for: (1) embalming; (2) cremation; (3) a coffin; and (4) transportation of the remains.

**School:** An institution of higher learning. The term includes, but is not limited to, a university, college or trade school.

**Seat Belt:** Any: (1) passive restraint device for an adult that meets published federal safety standards, is installed by the Automobile's manufacturer and is not altered after that installation; or (2) federally approved, properly installed child safety seat.

**Total and Permanent Disability:** A person is Totally and Permanently Disabled when:

- (1) Total Disability exists; and
- (2) Total Disability is such that condition (2) of the below Total Disability definition will be met for the rest of the person's lifetime.

**Total Disability:** A person is Totally Disabled when:

- (1) The person is not working at any job for wage or profit; and
- (2) Due to accidental bodily Injury:
  - (a) the person is not able to perform, for wage or profit, the material and substantial duties of that person's occupation; and
  - (b) beyond <6-12> months after the person sustains the Injury, the person is not able to perform, for wage or profit, the material and substantial duties of any job for which the person is reasonably fitted by the person's education, training or experience.

**Transit Difficulty:** The discontinuance of service of public transportation due to a strike, work stoppage, power failure or public disaster requiring you to pursue other options for commuting, such as using your personal automobile.

**Triplegia:** The total and permanent paralysis of three limbs.

**Uniplegia:** The total and permanent paralysis of one limb.

**Working for Your Employer:** Performing the duties of your job with your Employer either on or off your Employer's premises. But the term does not include Commuting to and from Work, vacations or leaves of absence.

**Working for Your Employer But Away from Your Regular Place of Employment:** Performing the duties of your job with your Employer at a place other than the place at which you are regularly scheduled to work.]

## The Prudential Insurance Company of America

### Explanation of Variable Language for

#### 83500 ADD D 10008

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as dates, names, addresses, numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person” or “Employee” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The terms “Dependent”, “Spouse” or “Child” may be deleted or modified to reflect only the applicable dependents, and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse and children; spouse only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

**The Prudential Insurance Company of America**  
**Explanation of Variable Language for**  
**83500 ADD D 10008**

Marginal Notes

1. The title may be modified. For example, it may be modified to:
  - reflect death only coverage; or
  - delete “Voluntary”; or
  - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
  - reflect Business Travel Accident Coverage.
2. The definitions may be deleted in whole or in part, or modified to reflect the definitions that are mutually agreed upon by Prudential and the Contract Holder.

SERFF Tracking Number: PRUX-G127696754 State: Arkansas  
 Filing Company: The Prudential Insurance Company of America State Tracking Number: 50004  
 Company Tracking Number: AR028650100001  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: CF: 83500 ADD U 10011, et al (Walmart)  
 Project Name/Number: CF: 83500 ADD U 10011, et al (Walmart)

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved	10/17/2011
<b>Comments:</b>	Included in cover letter		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved	10/17/2011
<b>Comments:</b>			
<b>Attachment:</b>	Cover Letter.PDF		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved	10/17/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			



**Patricia A. Lloyd**  
Assistant Secretary

**The Prudential Insurance Company of America**  
80 Livingston Avenue, Roseland, NJ 07068  
Tel 973-548-6479 Fax 973-548-6480  
pat.lloyd@prudential.com

October 11, 2011

Insurance Commissioner Jay Bradford  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: 83500 ADD U 10011, et al

Dear Commissioner Bradford:

We submit, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed forms. The variable material in these forms has been indicated by brackets and is subject to change as described in the applicable Explanation of Variable Language.

Form Number	Description
83500 ADD U 10011	Voluntary Accidental Death and Dismemberment Coverage Schedule of Benefits # 1
83500 ADD R 10018	Voluntary Accidental Death and Dismemberment Coverage #1
83500 ADD A 10009	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage #1
83500 ADD D 10008	Definitions under Voluntary Accidental Death and Dismemberment Coverage #1

**Intended Use.** These forms may be used with our 83500 series of forms and any other appropriate group insurance forms on file with the Department.

**Certification.** We certify that, in our judgment, the forms in this submission are in compliance with Rule 19 (Unfair Sex Discrimination in the Sale of Insurance), Rule 49 (Life and Health Insurance Guaranty Association Notices), A.C.A. 23-79-138 and Bulletin 11-88 (Policy Information Requirements), and all applicable requirements of the Department.

**Readability Certification.** We certify that, in our judgment, the forms in this submission comply with the requirements of A.C.A. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act. These forms have been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract form and the score for each form is shown below.

Form Number	Flesch Score
83500 ADD U 10011	54.1
83500 ADD R 10018	49.9
83500 ADD A 10009	53.7
83500 ADD D 10008	50.4

**Deemer.** We will place these forms in use 30 days after the date you receive this filing unless we receive affirmative acknowledgment, disapproval or request for extension.

If there are any questions regarding this filing, please feel free to call Laura Edcus at 973-548-5372 or me at 973-548-6479.

Sincerely,



Patricia A. Lloyd  
Assistant Secretary