

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose my entire medical record without restriction.

This information is to be disclosed under this Authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Prudential.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Prudential at: PO Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this authorization.

The statements made by me on this claim are true and complete.

*Limits, if any:

Claimant Signature _____ Date _____

Print Name _____

Notice to Montana residents:
You or your authorized representative are entitled to receive a copy of this Authorization, and upon request, a record of any subsequent disclosures of personal or privileged information.

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.

PENNSYLVANIA and UTAH RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Short Term and Long Term Disability coverages are administered by The Prudential Insurance Company of America, 751 Broad St., Newark, NJ 07102, 1-800-290-5903. (Contract Series 83500) Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions which may apply.

If there is a discrepancy between this document and the Certificate of Insurance issued by Prudential, the terms of the Certificate of Insurance will govern.

New York Residents: This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

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Prudential

PRUDENTIAL INTEGRATED DISABILITY MANAGEMENT



University of Maine System Employees Telephone Claim Submission

For Short and Long Term

Disability call 866-466-4606

*The Prudential Insurance
Company of America*





How do I report a disability which is not work related?

What you need to do if you are out of work: If you are absent from work due to an injury, illness or pregnancy (a) for more than 14 days and have the voluntary STD coverage or (b) for more than 16 weeks if you have only the LTD coverage, you need to:

1. Notify your supervisor or Human Resources Office immediately.

2. Call us at 1-866-466-4606 (toll free). Follow the prompts for submitting a Short or Long term Disability claim. Provide the Customer Service Representative with your company name and control number located on the front of the attached disability benefits card.

3. Present your disability benefits card to your doctor.

Make certain that your doctor's office makes a copy of the back of your card so that information can be released to a Prudential Disability Claim Manager. Be certain that you have signed the back of the card on the line indicated. Failure to follow these instructions may delay the initial processing of your claim.

Gathering Important Information:

Please take a moment to make sure that you have the required information before you call (866) 466-4606. During the live claim interview process the following information will be requested:

- Company's name
- Policy number (on your authorization card)
- Name and Social Security number
- Complete address and phone number
- Date of birth
- Job title
- Doctor's name and telephone number
- A brief description of your medical condition
- Your last day worked and your first day out due to this condition
- Is the absence work related
- The date you expect to return to work

Telephone Claim Reporting Steps and Medical Authorization

- Notify your supervisor.
- Make a copy of this authorization.
- Sign and date the copy.
- Present a copy to your doctor for file.
- Keep blank original. Do not sign or date original.
- Call the toll-free number 1-866-466-4606

How to contact Prudential regarding your disability claim:

- You can obtain claim and payment status 24 hours per day via IVT at 1-800-842-1718.
- You can also obtain claim and payment status online at our website, www.Prudential.com/disability.
- Call toll free 1-800-842-1718, English and Spanish speaking.

Customer service representatives are available 8AM to 8PM (eastern) Monday through Friday.

How do I report an injury or illness which I think is work related?

If you are injured on the job or become ill from what you believe to be work related causes:

1. Notify your supervisor or Human Resources Office immediately.
2. Provide information about the nature of your injury or why you believe your illness to be work related. Provide the name and phone number of the physician who is treating your injury or illness.

What should I do if I am not certain whether my injury or illness is work related?

If you are not certain about how to report your injury or illness, simply pick up the phone and dial 1-866-466-4606 and speak to a Prudential Customer Service Representative, 24 hours a day, 7 days a week.

Your Claim Will Be Considered Filed When:

In order for a claim for benefits to be considered filed, Prudential requires an employee's statement, employer's statement, and attending physician's statement to be submitted. Your claim will be considered filed when:

- If you have Short Term Disability (STD) coverage with Prudential, your claim will be considered filed the later of (1) when Prudential receives your employee's statement (which you submit by calling the 800 Number), the employer's statement (or eligibility feed) and the attending physician's statement, (or information received from your doctor by way of telephone call) and (2) the start of your STD Elimination Period.

- If you have Long Term Disability (LTD) coverage with Prudential, your claim for LTD benefits will be considered filed the later of (1) when we receive your employee's statement (which you submit by calling the 800 Number), the employer's statement and the attending physician's statement, and (2) the date that is 45 days before the end of your LTD Elimination Period.

- If you have both STD and LTD coverages with Prudential and you have filed a claim for STD, there is no need to re-submit the statements noted above for the LTD portion of your claim. However, your claim for LTD benefits will be considered filed in this case the later of (1) when we receive the statements indicated above; and (2) the date that is 45 days before the end of your LTD Elimination period, provided you are receiving STD benefits on that date. If you are approved for STD benefits at a later date, your LTD claim will be considered filed on the date of the STD approval.

CLAIM FRAUD WARNING STATEMENTS

For residents of all states except California, Florida, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington; **WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

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.

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

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.

Telephone Claim Reporting Steps and Medical Authorization

- Notify your supervisor.
- Make a copy of this authorization.
- Sign and date the copy.
- Present a copy to your doctor for file.
- Keep blank original. Do not sign or date original.
- Call the toll-free number 1-866-466-4606 24 hours 7 days a week.

University of Maine System
Control # 24769

This entire card must be presented to your physician for release of information. Make a copy of this authorization. Sign and date the copy.

Authorization for Release of Information to
The Prudential Insurance Company of America

This Authorization is intended to comply with the
HIPAA Privacy Rule

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other health information concerning me to The Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Unless limits* are shown below, this form pertains to all of the records listed above.