

YOUR ENROLLMENT KIT

GROUP INSURANCE

Optional Term Life Insurance
Dependent Term Life Insurance

Issued by The Prudential Insurance Company of America

Texas Police Trust

Help Protect the Most Important People in Your Life...

Life is full of pleasant surprises and, at the same time, life holds many uncertainties. It's easier to plan for happy events you know will occur, such as buying a home, paying for a wedding or saving for college tuition costs. It's more difficult to plan for the unexpected — a serious accident or death.

For these times, it's important that you have enough life insurance coverage for you and your family. Your current life insurance plans may not offer enough protection.

Together with your employer, The Prudential Insurance Company of America offers you the opportunity to purchase additional term life insurance which can help further safeguard your earnings and cover your financial obligations in the event of your death.

...by participating in our voluntary group term life plans.

- ✓ **Choice of Coverage** – Our plan offers you the opportunity to obtain additional life insurance protection and to choose the level of coverage that's right for you.
- ✓ **Guaranteed Coverage** – You can obtain coverage under most of our plans without providing any medical information when you enroll within a specified period.
- ✓ **Economical Group Rates** – Our plan is available to you at group rates, which are competitive with individual rates.
- ✓ **Convenient Payroll Deduction** – Your premium contributions are deducted from your paycheck, so there's no check writing or mail delays.
- ✓ **Peace of Mind** – Having a plan for the unexpected can give both you and your family peace of mind.

Please review the information in this kit so you can make an informed decision about participating in this program.

Member Coverage

- ◆ Coverage is available for \$50,000, \$75,000 or \$100,000.
- ◆ **New Hires:** You can select to enroll for up to \$50,000 without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you apply within 31 days of eligibility.
- ◆ **Current Participants:** Your current coverage amount will be continued. If you elect to increase your current coverage amount, you must provide evidence of insurability satisfactory to The Prudential Insurance Company of America.
- ◆ **Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option*. Refer to the plan booklet for details.
- ◆ Payouts to your beneficiaries are deposited into Prudential Alliance Account®, a personalized, interest-bearing account, under the beneficiary's name. The payout earns interest from the date the account is opened and the beneficiary can transfer or withdraw funds at any time.
- ◆ FinancialPoint®-Beneficiary Counseling Services provides your beneficiary with personalized financial planning assistance after your death. There is no cost or obligation for this service to the beneficiary. The service is also available to a member with an approved Accelerated Benefit Option claim.
- ◆ **Active:** The amount of insurance reduces 35% at age 65. Refer to plan booklet for details.
- ◆ **Retirees:** The amount of insurance reduces to \$20,000 at age 60 and \$10,000 at age 70.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet.

* **Important Notice:** The acceleration of life insurance benefits offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable treatment, the benefits will be excludable from your income and not subject to Federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under Federal law.

BISYS Information Solutions, L.P. is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by Bank One and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). BISYS Information Solutions, L.P., Bank One, and Integrated Payment Systems, Inc. are not Prudential Financial companies.

Spouse Coverage

- ◆ Coverage is available for your spouse for \$50,000, \$75,000 or \$100,000, not to exceed 100% of your Optional Term Life coverage amount.
- ◆ **New Hires:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ **Current Participants:** Your current coverage amount will be continued. If you elect to increase your current coverage amount, you must provide evidence of insurability satisfactory to The Prudential Insurance Company of America.
- ◆ **Spouse Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If your spouse is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ **Active:** The amount of insurance reduces 35% at age 65. Refer to plan booklet for details.
- ◆ **Retirees:** If you have at least \$50,000 of coverage, the amount of insurance reduces to \$20,000 at age 60 and \$10,000 at age 70. If you have less than \$50,000 of coverage, the amount of insurance reduces to \$8,000 at age 60 and \$4,000 at age 70.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet.

Child(ren) Coverage

- ◆ Dependent Term Life coverage has one premium rate that covers all eligible children.
- ◆ Coverage is available for your children for \$20,000, not to exceed 100% of your Optional Term Life coverage amount.
- ◆ No evidence of insurability satisfactory to The Prudential Insurance Company of America is required.
- ◆ If your dependent children are confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ Coverage begins at live birth and continues to age 19, if unmarried. If the child is unmarried, dependent on you and a full-time student, coverage continues to age 25.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet.

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Refer to the plan booklet for details.

RATE SHEET

Texas Police Trust

Issued by The Prudential Insurance Company of America
Rates Effective: December 1, 2004

ACTIVE MEMBERS

Optional Term Life – Biweekly Cost per Coverage Amount – Member Rates

(Coverage is available for \$50,000, \$75,000 or \$100,000. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)

Age	\$50,000	\$75,000	\$100,000
< 45	\$4.62	\$6.92	\$9.23
45-59	\$6.00	\$9.00	\$12.00
60+	\$7.85	\$11.77	\$15.69

Dependent Term Life – Biweekly Cost per Coverage Amount – Spouse Rates**

(Coverage is available for your spouse for \$50,000, \$75,000 or \$100,000, not to exceed 100% of your Optional Term Life coverage amount. Refer to the Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)

Age	\$50,000	\$75,000	\$100,000
< 45	\$4.62	\$6.92	\$9.23
45-59	\$6.00	\$9.00	\$12.00
60+	\$7.85	\$11.77	\$15.69

****Spouse rate is based on member's date of birth.**

Dependent Term Life – Biweekly Cost per Coverage Amount – Child(ren) Rate

(Coverage is available for your children for \$20,000, not to exceed 100% of your Optional Term Life coverage amount.)

\$20,000
\$1.85

RETIREES

Optional Term Life – Biweekly Cost per Coverage Amount – Member Rates

(The amount of insurance reduces to \$20,000 at age 60 and \$10,000 at age 70.)

\$20,000 at age 60	\$10,000 at age 70
\$6.00	\$6.00

Dependent Term Life – Biweekly Cost per Coverage Amount – Spouse Rates**

(If you have at least \$50,000 of coverage, the amount of insurance reduces to \$20,000 at age 60 and \$10,000 at age 70. If you have less than \$50,000 of coverage, the amount of insurance reduces to \$8,000 at age 60 and \$4,000 at age 70.)

\$20,000 at age 60	\$10,000 at age 70	\$8,000 at age 60	\$4,000 at age 70
\$6.00	\$6.00	\$2.40	\$2.40

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.

About The Prudential Insurance Company of America

Prudential's famous Rock logo has been one of America's best-known icons. It's a symbol of the strength and trust that millions of Americans have placed in us to help them meet their most important financial goals.

The Prudential Insurance Company of America, is one of the leading providers of group insurance in the United States. Our resources, financial strength and stability allow us to honor long-term commitments to employers and members alike.

Start The Process Of Enrolling In This Valuable Insurance TODAY!

To enroll, simply complete the Enrollment Form, including the Beneficiary Designations, and return it as instructed.

After the date your Group Insurance becomes effective, you will receive a Certificate which details your plan provisions.

Group Term Life coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.

Enrollment Form - Texas Police Trust

General Information (Member)			Effective Date of Coverage (for office use only) ____/____/____		
Last Name		First Name		Middle Initial	
Address		City		State	Zip Code
Social Security No. ____ - ____ - ____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Date of Birth Month Day Year ____/____/____	
Date Employed Month Day Year ____/____/____	Your Annual Earnings \$ _____		Division _____	(For Prudential Use Only) Control # 41693	
Optional Term Life					
<input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 100,000			Payroll Deduction \$ _____		
<p><i>Retirees:</i> The amount of insurance reduces to \$20,000 at age 60 and \$10,000 at age 70.</p> <p><input type="checkbox"/> No coverage chosen.</p>					
Dependent Term Life					
<p>You must be enrolled for Optional Term Life to elect coverage for your dependents. If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.</p> <p>Spouse Coverage is available for your spouse for \$50,000, \$75,000 or \$100,000, not to exceed 100% of your Optional Term Life coverage amount.</p> <p><input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 100,000 </p> <p><i>Retirees:</i> If you have at least \$50,000 of coverage, the amount of insurance reduces to \$20,000 at age 60 and \$10,000 at age 70. If you have less than \$50,000 of coverage, the amount of insurance reduces to \$8,000 at age 60 and \$4,000 at age 70.</p> <p><input type="checkbox"/> No coverage chosen.</p> <p>Children Coverage is available for your children for \$20,000, not to exceed 100% of your Optional Term Life coverage amount.</p> <p><input type="checkbox"/> \$ 20,000 </p> <p><input type="checkbox"/> No coverage chosen.</p>					
Dependent General Information					
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Social Security No.</i>	<i>Date of Birth</i>
<i>Spouse</i>					
<i>Child</i>					
<i>Child</i>					
<i>Child</i>					
<i>Child</i>					
<i>Child</i>					

(Continued on next page.)

Member General Information

Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	____ - ____ - ____

Acceptance or Waiver of Coverage

- I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. I declare the statement above is true and understand it is the basis for determining the biweekly contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.
- I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.

FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA 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.

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

Member Signature _____ Date (Month, Day, Year) _____

Please indicate your beneficiary designation(s) on next page.

Member General Information					
Last Name	First Name	Middle Initial	Social Security No.		
			____ - ____ - ____		
Beneficiary Designation					
<p>If more than one beneficiary is desired, please write their name(s) and relationship(s) on the lines below. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.</p>					
Optional Term Life - Primary Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
Optional Term Life - Contingent Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
Address:					
<p>Member Signature _____ Date (Month, Day, Year) _____</p> <p style="text-align: center;">If you have any questions, please see Human Resources for details.</p>					

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