Maine Automobile Dealers Association, Inc.

- Optional Term Life
- Dependent Term Life

The Prudential Insurance Company of America
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 events you know will occur, such as buying a home, planning for a wedding or saving for college tuition costs. It's more difficult to plan for the unexpected. For these times, it's important that you have enough life insurance coverage. Your current life insurance plans may not offer enough insurance protection. Together with your employer, Prudential offers you the opportunity to purchase term life insurance which can help further safeguard your earnings and helps cover your financial obligations in the event of your death.

You and your family can receive many benefits by participating in Prudential's Optional Term Life plans.

- **Choice of Coverage** - Prudential's Optional Term Life plan offers you the opportunity to obtain additional life insurance protection and to choose the level of coverage that's right for you.

- **Group Rates** - This plan is available to you at group rates which are typically lower than individual insurance rates.

- **Convenient Payroll Deduction** - Your insurance costs are deducted from your paycheck, so there's no check writing or mail delay.

- **Conversion of Coverage** - If your employment ends for any reason, your term life coverages may be converted within 31 days of termination (without having to furnish evidence of insurability) to one of a number of Prudential individual life insurance policies. The amount you convert may be limited if, within the conversion period, you become insured for Optional Term Life insurance through a different employer. Please refer to your personalized enrollment form for details.

Employee Optional Term Life

The information on your personalized enrollment form provides more details on your specific coverage options and payroll deduction amounts.

**Guaranteed Coverage Amounts**

Certain coverage is available without providing evidence of good health. If you enroll within 31 days of your date of eligibility, you must provide evidence of good health satisfactory to Prudential for coverage amounts greater than $100,000. If you select a coverage amount with an asterisk (*) beside it on your personalized enrollment form, you must complete a Health Statement Questionnaire. If you enroll after 31 days, you must complete a Health Statement Questionnaire for any coverage amount you select.

**Portability**

If your employment ends due to termination - not retirement or disability - you may continue your Optional Term Life coverage under the portability provision, provided you are less than age 70. You will be advised of the cost of this coverage. Portability is not available in all states.

**Living Benefit Option**

If you provide satisfactory proof that you are terminally ill with a life expectancy of 6 months or less, you may elect
to receive up to 50% of your Combined Basic and Optional Term Life coverage while still living, up to a maximum of $50,000. This benefit is available only once and is payable in a lump sum or in 6 equal monthly installments. The death benefit payable to your beneficiary will be reduced by the amount you elect under this option.

Waiver of Premium

If you are totally disabled for a continuous 9 month period and are less than 60 years of age at the time disability begins, Prudential will continue your coverage with no premiums due, provided you report your disability within 12 months of its start and submit any required proof to Prudential. Waiver of premium terminates at age 70.

Reduction/Termination of Coverage

At age 65, your amount of insurance will be reduced to 65% of your coverage amount before any reduction. At age 70, your amount of insurance will be reduced to 50% of your coverage amount before any reduction. This coverage will end on termination of your employment or retirement, but you may convert to a Prudential individual life insurance policy, if applicable.

Spouse Dependent Term Life

Spouse Guaranteed Coverage Amounts

If you enroll your spouse after 31 days of your initial date of eligibility or after 31 days of marriage, he/she must provide evidence of good health satisfactory to Prudential for all coverage amounts.

Spouse Portability

If your employment ends and you elect to continue your Optional Term Life coverage under the portability provision, you may continue your Dependent Term Life coverage on your spouse under the portability provision if he/she is less than age 70. You will be advised of the cost of this coverage. Portability is not available in all states.

Child(ren) Dependent Term Life

Dependent Child(ren) Portability

If your employment ends and you elect to continue your Optional Term Life coverage under the portability provision, your child(ren) may also continue their Dependent Term Life coverage under the portability provision. You will be advised of the cost of this coverage. Portability is not available in all states.

Enrolling is Easy

This booklet provides a general description of your benefits. Please carefully review all of the information, so you can make an informed decision about participating in this program. Once you have elected your coverage, simply complete the personalized enrollment form included in this booklet. Make sure to complete all white pages, sign and date the form, and return as instructed.
About Prudential

Prudential has been a trusted and reliable source of insurance and employee benefits products for much of the 20th century. As a provider of Optional Term Life insurance coverage since 1916, Prudential is one of the most powerful brands in the insurance and financial services industry. In the new millennium, Prudential continues to be recognized for services and product features that help meet diverse employee needs.

For Your Records

In the space provided below, record the insurance options you chose on your personalized enrollment form so that you can keep a personal record of your decision.

Optional Term Life and Dependent Term Life coverages are underwritten by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07012. This booklet is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. A Booklet-Certificate, with complete plan information, including limitations and exclusions, will be provided. If there is a discrepancy between this document and the Group Contract / Booklet-Certificate issued by Prudential, the terms of the Group Contract will govern. Contract Series: 83500.

INST-A003142-0010
### Effective Date: September 1, 2000

#### Optional Term Life - Rates per $1,000 of Coverage

<table>
<thead>
<tr>
<th>Age (Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.)</th>
<th>Employee</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 24</td>
<td>$0.090</td>
<td>$0.280</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.110</td>
<td>$0.280</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.140</td>
<td>$0.280</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.160</td>
<td>$0.280</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.180</td>
<td>$0.280</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.230</td>
<td>$0.280</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.400</td>
<td>$0.280</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.740</td>
<td>$0.280</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.940</td>
<td>$0.280</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$1.650</td>
<td>$0.280</td>
</tr>
<tr>
<td>70 - 100</td>
<td>$3.190</td>
<td>$0.280</td>
</tr>
</tbody>
</table>

#### How to Determine Your Optional Term Life Cost of Insurance

For illustrative purposes only, consider a 42 year old employee selecting a coverage amount of $50,000 whose deductions are taken monthly.

**Steps to Follow**

1. In this example, the individual is choosing a coverage amount of $50,000.
2. The employee would then locate their age on their rate chart. We have used a sample rate of $0.18 per $1,000 for this employee.
3. Divide the selected amount of coverage by $1,000 and multiply the result by the rate for that age group. This results in the total monthly cost of insurance. (If the person were paid bi-weekly then the $9.00 would be multiplied by 12 [12 months in a year] then divided by 26 [52 weeks in a year divided by 2] for a total bi-weekly deduction of $4.16.)

**Example**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>$0.18 rate per $1,000</td>
<td></td>
</tr>
<tr>
<td>42 years old</td>
<td>Sample - $0.18 rate per $1,000</td>
<td></td>
</tr>
<tr>
<td>$50,000 / $1,000 = 50</td>
<td>$0 x $0.16 = Total Monthly Cost: $9.00</td>
<td></td>
</tr>
<tr>
<td>50 x $0.16 = Total Monthly Cost: $9.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Maine Automobile Dealers Association, Inc.

Personalized Enrollment Form

Optional Term Life and Dependent Term Life

You are eligible for the following insurance amounts for Optional Term Life and Dependent Term Life effective __________, if approved. These coverages are being offered by The Prudential Insurance Company of America. Please complete all sections of this form and check off your coverage selections. Upon completion, please return the form (all of the following white pages) by __________.

Employee Information

Employee First Name ___________________________ Employee Last Name ___________________________

Address 1 ___________________________ Address 2 ___________________________

City ___________________________ State ___________________________ Zip ___________________________

Daytime Phone Number ___________________________

Social Security Number ___________________________ Date of Birth ___________________________

Sex ☐ Male ☐ Female ☐ Single ☐ Married

Date of Employment ___________________________ Employee No./Location Code ___________________________

Employee Class ___________________________ Prudential's Control Number 0010120

Employee Optional Term Life Coverage Amount

Your Optional Term Life coverage is available in the amounts listed below. The chart shows the range of coverage options you may choose and does not reflect age reductions that may apply. Please select one of the following:

Coverage Amount Available | Medical Evidence Required
----------------------------|-------------------------
☐ $25,000                   | *
☐ $50,000                   | *
☐ $75,000                   | *
☐ $100,000                  | *
☐ $125,000                  | *
☐ $150,000                  | *
☐ $175,000                  | *
☐ $200,000                  | *
☐ No coverage chosen.      | *

This is optional coverage and the entire cost of coverage is paid by you. Cost of insurance which is deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Booklet/Certificate.
Spouse Information

Spouse First Name
Spouse Last Name

Spouse Social Security Number
Spouse Date of Birth

Spouse Dependent Term Life Coverage Amounts

If you are enrolled in Optional Term Life, you may enroll your spouse for Dependent Term Life coverage. If your spouse is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends. The chart listed below shows the coverage options you may choose for your spouse and does not reflect age reductions that may apply. Please select one of the following:

Spouse Coverage Amount Available
☐ $10,000
☐ No coverage chosen.

This is optional coverage and the entire cost of coverage is paid by you. Cost of insurance which is deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Booklet/Certificate.

Dependent Child(ren) Information

Number of Children
Child #1 Social Security Number
Child #2 Social Security Number
Child #3 Social Security Number
Child #4 Social Security Number

* Use a separate piece of paper for additional Dependent Children information.

Child(ren) Dependent Term Life Coverage Amounts

If you are enrolled in Optional Term Life, you may enroll your child(ren) for Dependent Term Life coverage. If your dependent child is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends. Eligible children are unmarried from 6 months up to age 19, or up to age 25 if a full-time student. Children from 14 days to 6 months old will be covered for $100. Your children include your legally adopted children, stepchildren and foster children who depend on you for support. Child(ren) Dependent Term Life coverage has one rate that covers all eligible children. Please select one of the following:

Child(ren) Coverage Amount Available
☐ $5,000
☐ No coverage chosen.

This is optional coverage and the entire cost of coverage is paid by you. Cost of insurance which is deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Booklet/Certificate.
Beneficiary Designation

Please designate your beneficiary(ies) 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 beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) that survive you, unless otherwise provided in the designation. If no designated beneficiary survives you, the settlement will be made to your estate, unless otherwise provided in the Booklet/Certificate. Use a separate piece of paper for additional beneficiary designations. All of the fields listed below are mandatory if you have elected coverage and must be completed in full.

Primary Beneficiary Designation

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address</th>
<th>Social Security No.</th>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
</table>

Contingent Beneficiary Designation*

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address</th>
<th>Social Security No.</th>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
</table>

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

Required Signature

Please complete all white pages, indicating your coverage selections. Then, indicate your acceptance or waiver of coverage below, sign and date this form, and return it as indicated. If you have elected any coverages, you will be receiving a Booklet-Certificate with complete plan information.

Acceptance or Waiver of Coverage

Employee/Dependent (if applicable) coverage will be effective on ____________, if approved and the employee is actively at work during the enrollment period and on the effective date.

☐ 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 good health satisfactory to Prudential for myself and/or my dependents. I declare the statements above are true and understand it is the basis for determining my contribution for coverage.

☐ I do not wish to enroll for 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 evidence of good health satisfactory to Prudential for myself and/or my dependents.

Signature ___________________________ Date (MM/DD/YYYY) ___________________
**Important Notice**

**Maine Residents** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07012.

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