



Summary of Benefits

Neuroflow

All Active Full Time Employees

**Basic Term Life, Basic Accidental Death & Dismemberment, Short Term Disability, and Long Term Disability
Issued by The Prudential Insurance Company of America**

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Basic Term Life

100% Employer Paid

- ▶ Basic Term Life - You are automatically enrolled for 1 times your covered annual earnings to \$50,000. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
- ▶ 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
- ▶ Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state.
- ▶ Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70.
- ▶ You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.

Basic Accidental Death & Dismemberment

100% Employer Paid

- ▶ Basic Accidental Death & Dismemberment pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident — 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic Accidental Death & Dismemberment benefits are paid regardless of other coverages you may have.
- ▶ Basic Accidental Death & Dismemberment: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.
- ▶ Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70.

Short Term Disability

100% Employer Paid

- ▶ Your weekly Short Term Disability benefit will be 60% of your weekly pre-disability earnings, up to the maximum of \$1,500, less deductible sources of income. The minimum weekly benefit is \$25.
- ▶ Deductible sources of income may include benefits from statutory plans, unemployment income and salary continuation.
- ▶ If you meet the definition of disability, your benefits will begin on the 8th day following a non-occupational injury or the 8th day following a non-occupational sickness. The benefit duration is 25 weeks. You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.
- ▶ You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Long Term Disability

100% Employer Paid

- ▶ Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$6,000, less deductible sources of income. The minimum monthly benefit is the greater of \$100 or 10% of your gross monthly benefit.
- ▶ Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
- ▶ If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet- Certificate for details.
- ▶ You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and disability results in a loss of income of a specified percentage determined by your plan.
- ▶ Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities due to mental illness have a combined limited pay period during your lifetime.
- ▶ LTD benefits will not be paid for a disability that begins within 12 months of coverage effective date and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- ▶ During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- ▶ If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- ▶ You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work 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.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

* **Important Notice** : The acceleration of life insurance benefits offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualifies 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.

Receipt of accelerated benefits may be taxable and assistance should be sought from a personal tax advisor.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

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 Department of Financial Services.

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.

THIS IS AN EXCEPTED BENEFITS POLICY IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. THIS NOTICE IS NOT APPLICABLE TO TERM LIFE COVERAGE.

This coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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Beneficiary Designation - Neuroflow

Control#

Employee General Information

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

Employee / Applicant Beneficiary Designations (to be completed by Employee/applicant or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. 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 there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Basic Term Life, Basic Accidental Death & Dismemberment - Primary Beneficiary Designation

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Basic Term Life, Basic Accidental Death & Dismemberment - Contingent Beneficiary Designation

- Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Employee Signature _____ Date (mm/dd/yyyy) _____

If you have any questions, please see Human Resources for details.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. Life Claims: 800-524-0542, Disability Support: 800-842-1718. 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 Group Contract will govern. Contract provisions may vary by state. Contract Series:83500. California COA # 1179 NAIC #68241

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