

MyBenefits Web User Guide

May 2026

This easy-to-read user manual provides an overview of the My Benefits website and shows you how to take full advantage of the convenient functions and features available to you for managing your Prudential Benefits.

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Introduction

The MyBenefits website provides you with access to information and services related to your Group Life and/or Disability/Absence employer provided and voluntary benefits. Depending on the benefit plans and arrangements your employer has with Prudential, through this website you may be able to:

- Review your benefits and coverages
- Manage Beneficiaries
- Report a disability or absence
- Check the status of your claim and/or update an existing claim
- View or upload relevant documents
- Learn more about your benefits, get help, and assess your coverage needs

Getting Started

Login Procedures

You can access the Prudential MyBenefits website at www.prudential.com/mybenefits

Prudential MyBenefits [Contact Us](#)

Workplace benefits, at your fingertips

- ✓ File or update a claim
- ✓ Change beneficiaries
- ✓ Access your Group Universal Life / Group Variable Universal Life benefits

Log In

Username

Username is case-sensitive.

Password

[Log In](#)

[Forgot username or password?](#)

First-time user? [Register Now](#)

Forgot username or password?

If you forgot your username or password, follow the Forgot username or password link. You will be asked to provide your email, date of birth, and social security number. Once you receive this information, please return to the login page.

Device Authentication & Registration Page

If you log in with a device that we do not recognize, you will see the Device Authentication screen. An email will be sent to you with the Verification Code. You must input the Verification Code to proceed. You will be asked if we should remember the device that you are logging in with.

 Prudential Workplace Benefits [? Contact Us](#)

Device Authentication

The device you are logging in from is not recognized. We sent a verification code to your email account. Please enter it below:

Verification code

Continue

 Prudential Workplace Benefits

Device Registration

Would you like us to remember this device?

☒ Yes, remember this device.
For an easier and more secure experience, you can connect this device to your username and password. Once you do this, you'll be able to log in with just this info.

☐ No, don't remember this device.
You will need to provide an additional verification code each time you log in.

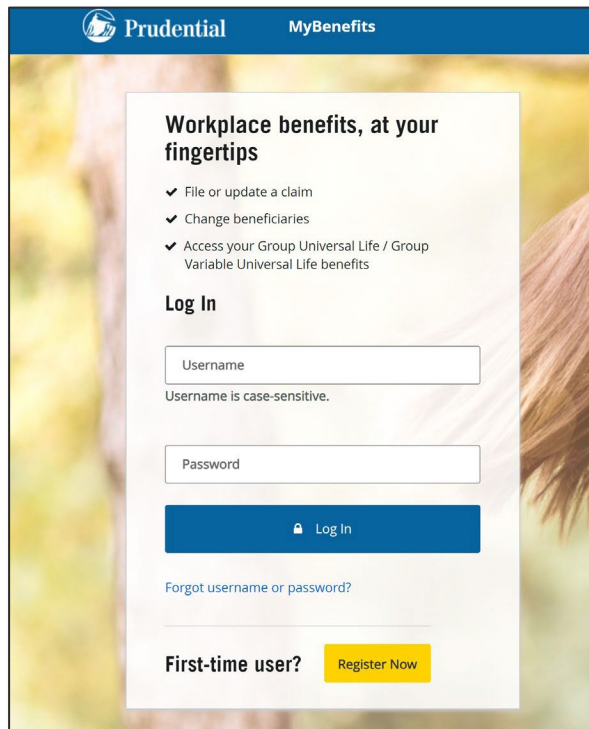
Please note:

- You can connect more than one device to your username and password.
- You should not connect a public or shared (kiosk) device.

Continue

First-time user? Register Now

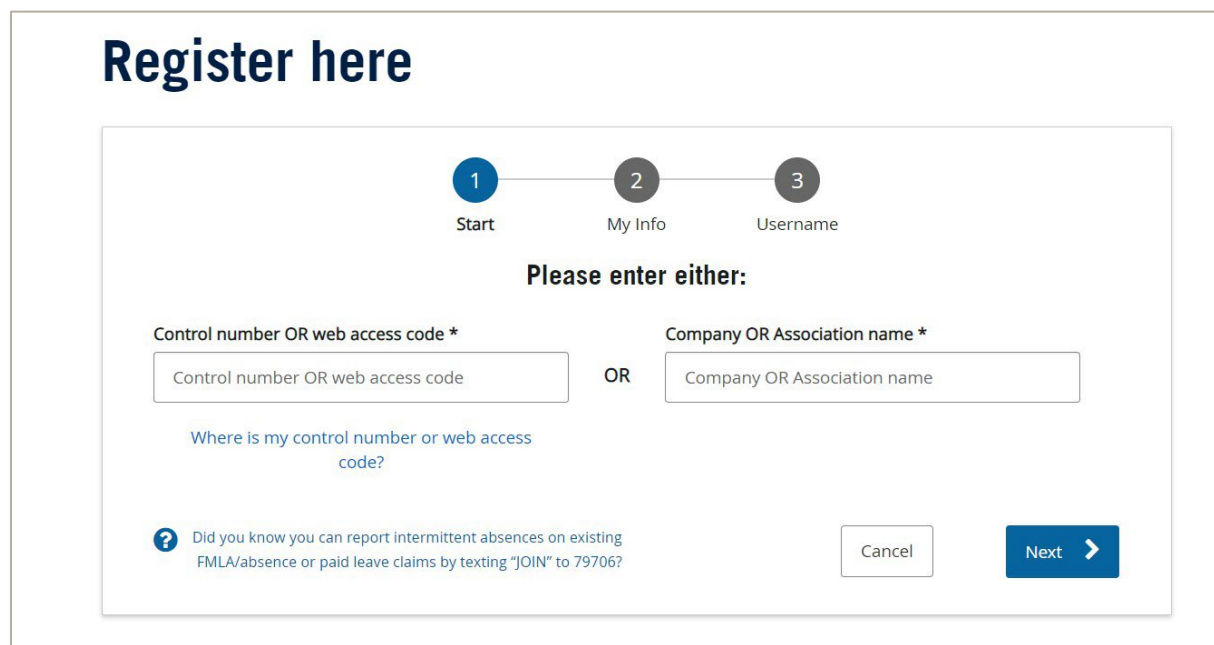
If you have not already registered on the Prudential MyBenefits website, registration is a quick 3-step process. To get started, click on the Register Now button on the home page.



The image shows the Prudential MyBenefits website interface. At the top is a blue header with the Prudential logo and 'MyBenefits' text. Below the header is a white box with a background image of a person's hand. Inside the box, the text reads 'Workplace benefits, at your fingertips' followed by a list of three checkmarks: 'File or update a claim', 'Change beneficiaries', and 'Access your Group Universal Life / Group Variable Universal Life benefits'. Below this is a 'Log In' section with a 'Username' input field (with a note 'Username is case-sensitive.'), a 'Password' input field, and a blue 'Log In' button. Below the login fields is a link 'Forgot username or password?'. At the bottom of the white box is a 'First-time user?' section with a yellow 'Register Now' button.

Step 1 – Identify Your Employer

To properly identify you, please enter a control number, web access code, Company or Association name and click on *Next*:



The image shows the 'Register here' screen. At the top is the heading 'Register here'. Below it is a progress bar with three steps: 1. Start, 2. My Info, and 3. Username. Below the progress bar is the text 'Please enter either:'. There are two input fields: 'Control number OR web access code *' and 'Company OR Association name *'. Between these fields is the word 'OR'. Below the first input field is a link 'Where is my control number or web access code?'. At the bottom left is a question mark icon followed by the text 'Did you know you can report intermittent absences on existing FMLA/absence or paid leave claims by texting "JOIN" to 79706?'. At the bottom right are two buttons: 'Cancel' and 'Next >'.

Where's my control number?

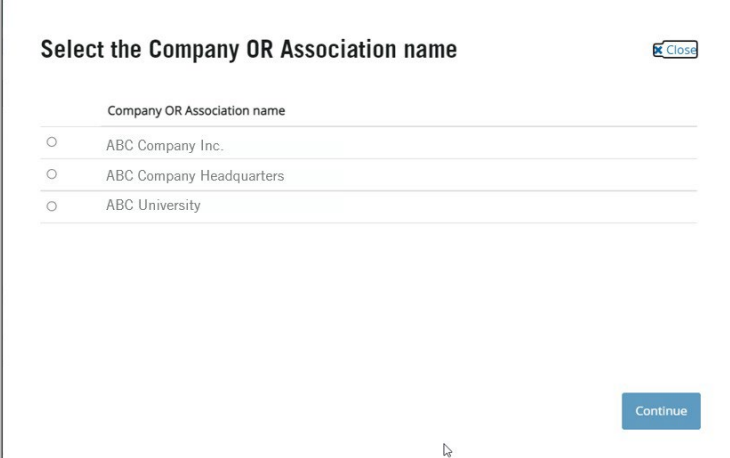
Your Control Number/Web Access Code can be found in correspondence sent to you from Prudential. Clicking on the link called “Where is my control number or web access code?” can also provide information on where you may find your Control number/web access code.

Company or Association name lookup

You can type your company name in the Company or Association name lookup. If there is more than one company with a similar name, a pop-up will appear where you can choose the company name that best matches your company or association name.

Important note about choosing the correct company name.

If you sign up under the wrong company, you may not see the correct options on the website. If you think this may have happened, simply click on the [Contact Us](#) link for instructions on how to get assistance.



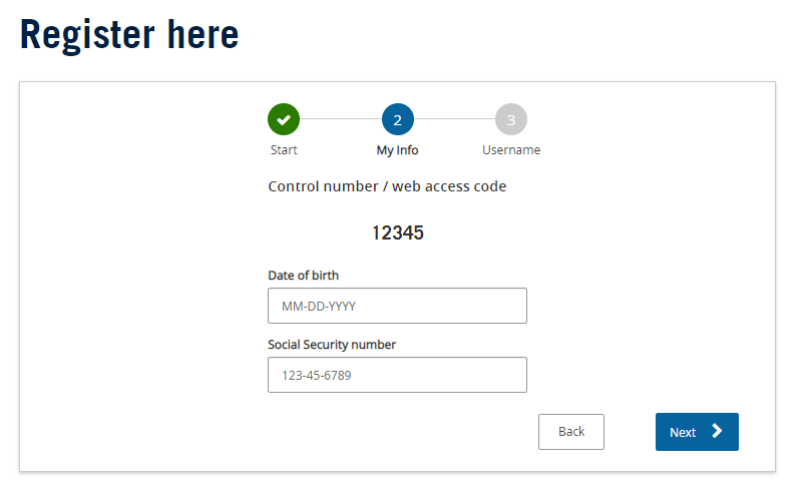
The screenshot shows a pop-up window titled "Select the Company OR Association name" with a "Close" button in the top right corner. Below the title is a text input field labeled "Company OR Association name". Underneath the input field is a list of three radio button options: "ABC Company Inc.", "ABC Company Headquarters", and "ABC University". At the bottom right of the pop-up is a blue "Continue" button.

Please keep in mind that if you were to leave your current company or association and join another company that uses the Prudential MyBenefits website, you will need to register for an account with your new company or association.

Step 2 – Provide Additional Information

Enter your date of birth and social security number.

Tip: If we do not have your complete information on file, you may be asked to enter your first and last names along with your address.



The screenshot shows a registration form titled "Register here". At the top, there is a progress bar with three steps: "Start" (marked with a green checkmark), "My Info" (marked with a blue circle and the number 2), and "Username" (marked with a grey circle and the number 3). Below the progress bar, the form asks for the "Control number / web access code" with the value "12345" entered. It then asks for the "Date of birth" with a text input field containing the placeholder "MM-DD-YYYY". Below that, it asks for the "Social Security number" with a text input field containing the value "123-45-6789". At the bottom right of the form are two buttons: a "Back" button and a blue "Next >" button.

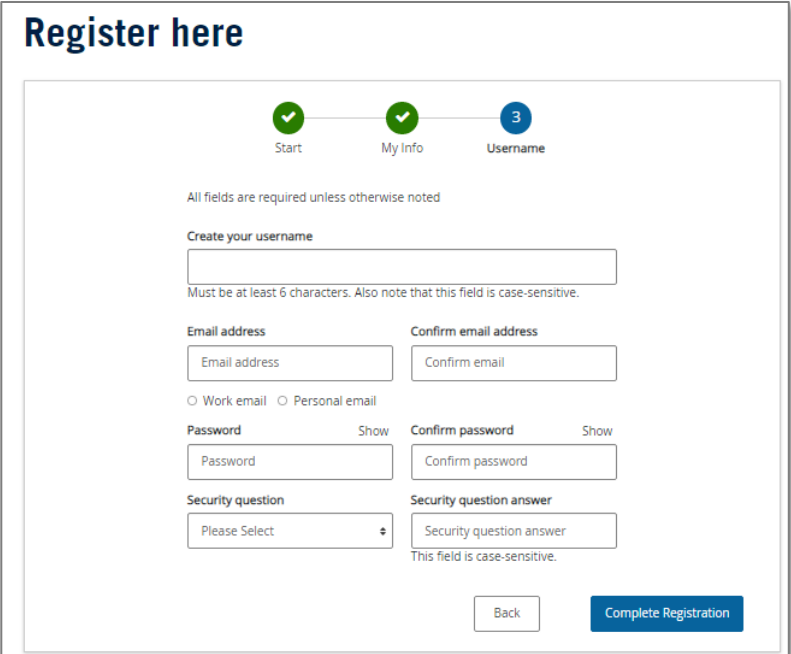
Step 3 – Create Username and Password

Create your unique Username.

Tip: Username is case sensitive. If you register with JaneSmith01 and try to login with janesmith01, you will receive an error message.

Enter your Email address. You will be asked to re-enter your Email address to confirm. You must indicate if your Email address is either a Work email or Personal email. You must then choose a Security Question and provide the answer.

Click Complete Registration button.



Register here

Progress: Start (✓) → My Info (✓) → Username (3)

All fields are required unless otherwise noted

Create your username

Must be at least 6 characters. Also note that this field is case-sensitive.

Email address Confirm email address
Email address Confirm email

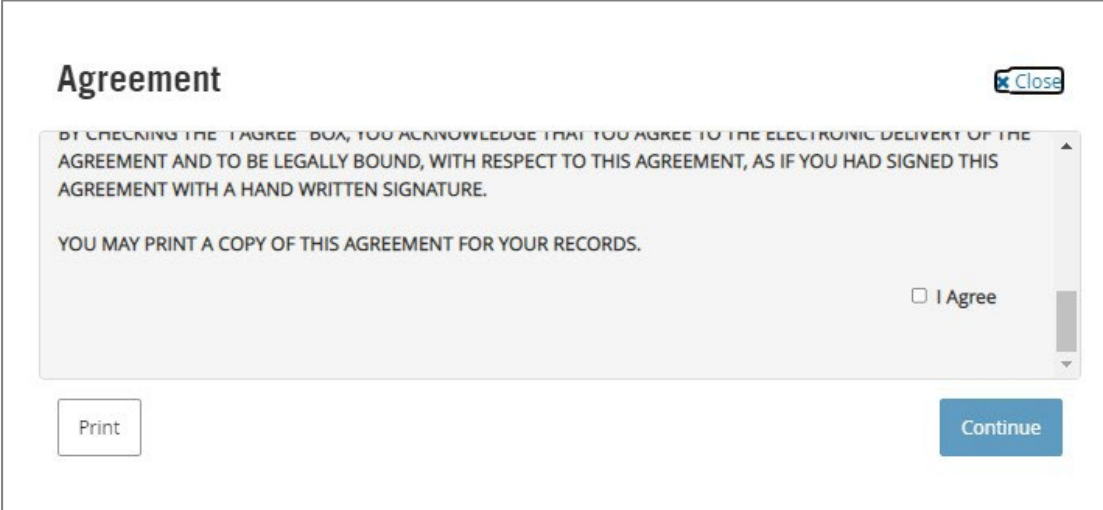
☐ Work email ☐ Personal email

Password Show Confirm password Show
Password Confirm password

Security question Security question answer
Please Select Security question answer
This field is case-sensitive.

Read and Accept Agreement

You will be prompted to read and after that, agree to the Prudential Group Insurance E-Consent statement. Review the statement and click on the I Agree check box, acknowledging that you read and understood it. Next, click on the *Continue* button.



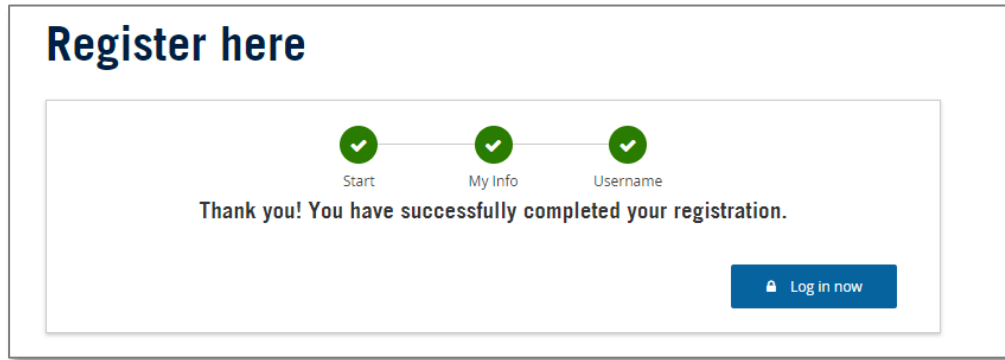
Agreement

BY CHECKING THE "I AGREE" BOX, YOU ACKNOWLEDGE THAT YOU AGREE TO THE ELECTRONIC DELIVERY OF THE AGREEMENT AND TO BE LEGALLY BOUND, WITH RESPECT TO THIS AGREEMENT, AS IF YOU HAD SIGNED THIS AGREEMENT WITH A HAND WRITTEN SIGNATURE.

YOU MAY PRINT A COPY OF THIS AGREEMENT FOR YOUR RECORDS.

☐ I Agree

Registration Confirmation



CONGRATULATIONS, you registered successfully. Click on the *Log In now* button to return to the Login Page. There, enter your Username and Password and click on *Log In*.

Home Page

Upon successful login, you will land on the home page. Information displayed here may vary, depending on the type of coverages and services available.

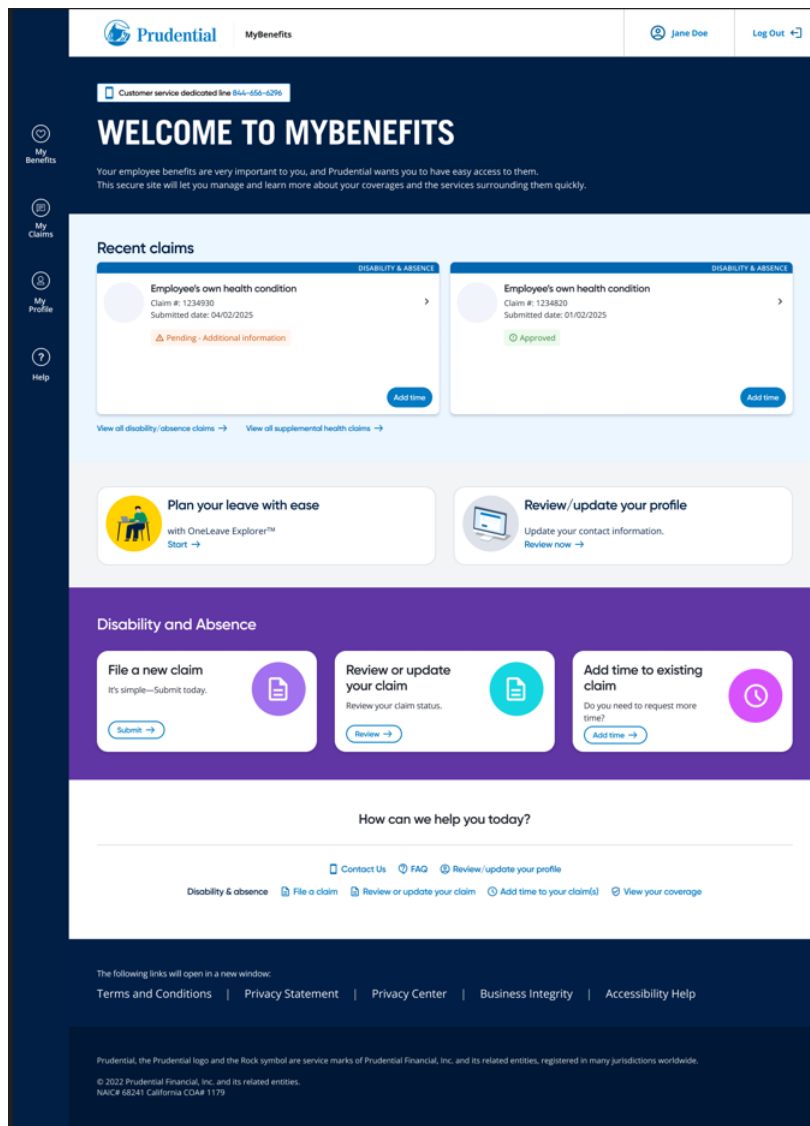
Navigation

Clicking on the Prudential icon from any page will bring you back to the home page. Additional Navigation options appear on the left of the home page, such as “My Benefits”, “My Claims”, “My Profile” and “Help”. If you are using your mobile device, the buttons will appear on the bottom depending on your screen size.

How can we help you today?

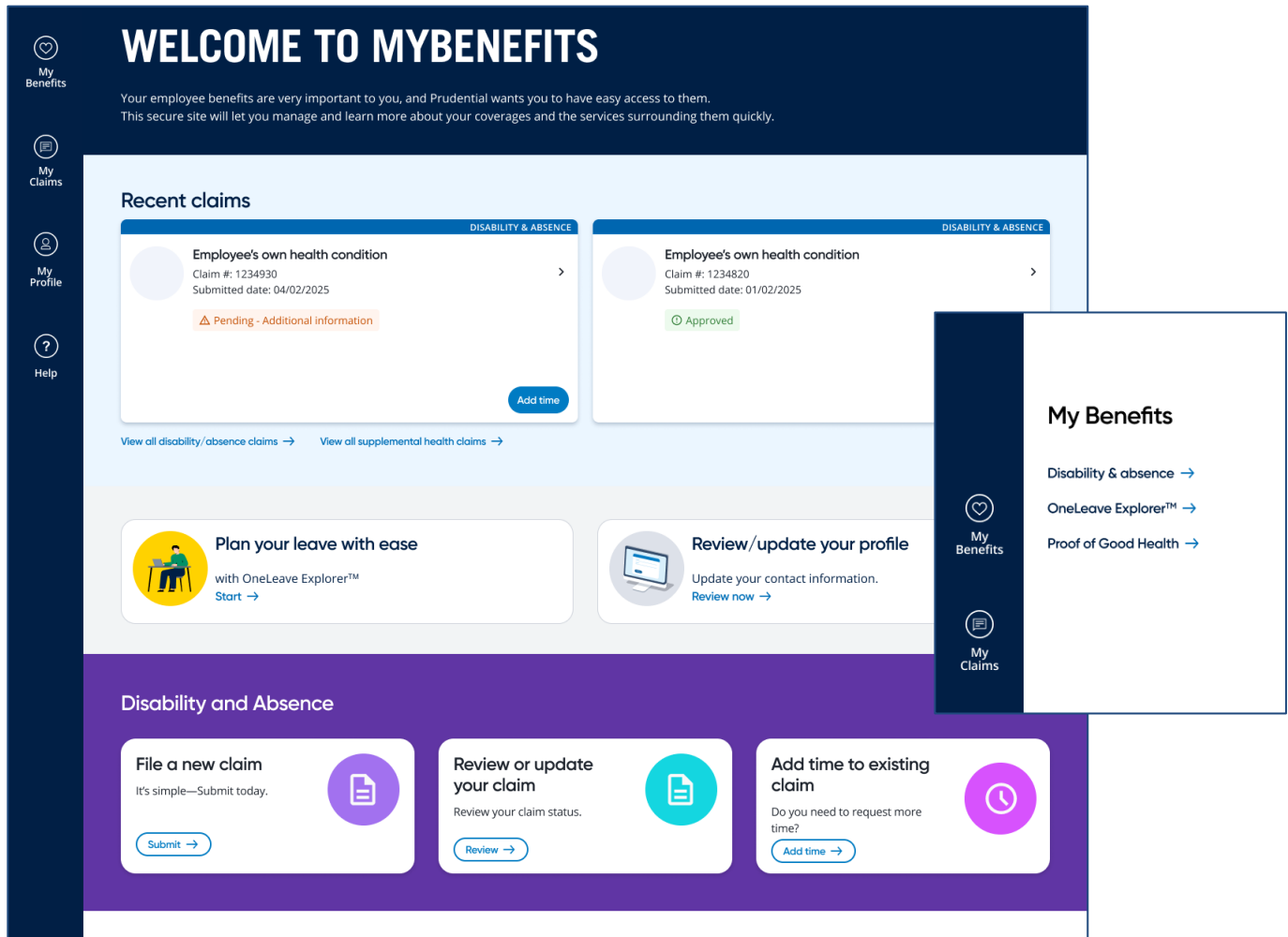
The home page features links to the most used sections on the site. These links will vary depending upon what types of coverage and services are offered by your employer. Additionally, if you have purchased supplemental health coverage, you would see links for those as well.

This section will be customized for your specific needs as they change over time. You may also want to keep an eye out for any important message from your employer at the top of this screen.



MyBenefits

If Prudential is providing Coverage Record Keeping Services, you will see the Benefits section on the home page. Your current benefits will be displayed along with any special messages that may apply.



To see your additional benefits, you can click on the My Benefits icon in the navigation.

Depending upon the benefits and services your employer provides and the benefits you have chosen, you may also have links for:

- Group Universal Life / GVUL
- Manage Beneficiaries
- Supplemental Health Benefits
- Proof of Good Health

Manage Beneficiaries

If you are enrolled in coverage(s) that allow beneficiary management, a [Manage beneficiaries](#) link will be visible on the home page under the Group Life section by clicking the *Manage* button on the *Manage Beneficiaries*, *How can we help you today?* section and under *My Benefits* on the left side of the screen.

To view or change beneficiaries follow the link.

The screenshot displays the Prudential MyBenefits portal. At the top, the header includes the Prudential logo, the text 'MyBenefits', and user information for 'Jane Doe' with a 'Log Out' button. A sidebar on the left contains navigation links: 'My Benefits', 'My Claims', 'My Profile', and 'Help'. The main content area is titled 'WELCOME TO MYBENEFITS' and includes a 'Proof of good health' notification. Below this, there are sections for 'Recent claims' (listing 'Employee's own health condition' and 'Critical illness'), 'Plan your leave with ease' (with OneLeave Explorer), and 'Download MyBenefits - Supp health app'. A 'My Benefits' dropdown menu is open, showing options: 'Disability & absence', 'Manage beneficiaries', and 'Proof of Good Health'. The 'Manage beneficiaries' option is highlighted. Below the dropdown, there are sections for 'Disability and Absence' (with options to file a new claim, review/update a claim, or add time to an existing claim) and 'Supplemental health benefits' (with options to file a new claim, review/update a claim, or view coverage). At the bottom, the 'Group life insurance' section includes a 'View your coverage' button and a 'Manage beneficiaries' button.

View/Change/Add Beneficiaries

Clicking on the *Add a Beneficiary* button will allow you to designate your beneficiaries.

Prudential Workplace Benefits Jane Public Logo

Beneficiaries

Beneficiary changes can only be made once every 24 hours.
Updates/deletions are not processed until the 'Submit All Beneficiary Changes' button is clicked.

Add a Beneficiary

ALL COVERAGES

Name	Type	Share (%)	Divide Equally	
John Public	☒ Primary ☐ Secondary	50 %		Edit Delete
Anne Public	☒ Primary ☐ Secondary	50 %		Edit Delete

Add a Beneficiary

If you are permitted to elect beneficiaries by Coverage, select the coverage(s) that you want to apply for this beneficiary. You may also check the “Select All” option which will apply all coverages to that beneficiary.

You will first have to choose the beneficiary *Type* and enter the details requested on the screen. The required information will vary depending on the beneficiary type you select. Provide the required information for the beneficiary you are adding and click on *Add a Beneficiary*.

Add Beneficiary × close

Type of beneficiary
☒ Individual ☐ Organization ☐ Trust ☐ Estate ☐ Other ☐ Preference Beneficiary

First name: Adam Last name: Public Relationship: Child

Date of birth (optional): MM-DD-YYYY Social security number (optional): 123-45-6789 Country (optional): United States

Address 1 (optional) ☐ Same as my address Address 2 (optional)

City (optional) State (optional): Please select

Zip code (optional) Phone number (optional)

Cancel Continue

Repeat this process to continue adding and/or editing all your beneficiaries.

Once you have entered the information for all your beneficiaries, you will then indicate which are *Primary* and which are *Secondary*. A secondary beneficiary receives the benefit payment if the primary beneficiaries are all deceased. To designate a beneficiary as secondary, you must also have a primary beneficiary on file.

Next, indicate the *Share* by entering a whole number in each percentage field. Total percentages for Primary beneficiaries and total percentages for Secondary beneficiaries must equal 100%. If you would like to split the benefit equally among all beneficiaries, click on *Share (%) Divide Equally* to allow the system to enter the percentage for you.

Beneficiaries

Beneficiary changes can only be made once every 24 hours.
Updates/deletions are not processed until the 'Submit All Beneficiary Changes' button is clicked.

Add a Beneficiary

ALL COVERAGES

Name	Type	Share (%)	Divide Equally	
Estate of John Public	☒ Primary ☐ Secondary	50	%	Edit Delete
Anne Public	☒ Primary ☐ Secondary	50	%	Edit Delete

Add a Beneficiary

Submit All Beneficiary Changes

Click on *Submit All Beneficiary Changes* to save your beneficiary designations. You can return to the site at any time to review and change these designations.

To change or remove a beneficiary, simply utilize the *Edit* and *Delete* options found to the right of each beneficiary. Once you have submitted your beneficiaries, you will need to wait until the next day to make any updates. Beneficiary changes can only be made once every 24 hours.

Proof of Good Health or Evidence of Insurability

If you requested new or additional coverage that requires Proof of Good Health or Evidence of Insurability, you can view the status of your health statement online by selecting *Proof of Good Health OR Evidence of Insurability (whichever applies)* from the navigation tab. You will be presented information for your health statement which includes the Status, along with any requested or received information. You will be able to view information like the application status along with the date it was submitted, details about the health statement, and details about any outstanding requirements along with the dates they were requested and/or received.

Any missing information that is required will be presented on this page. If you have missing health statement information that you must provide, you will have the ability to provide that information online via the 'Provide My Missing Information' link. If you have Additional Health Questions that are required, you will have the ability to upload the Long Form online. In addition, if you wish to Appeal a decision on your health statement, you will have the ability to upload your Appeal Documentation online.

Health Statement Documents can be viewed online when available, by clicking on the *View Document* link.

Proof of Good Health

John Public Employer: XYZ Company As of May 10, 2018

2018

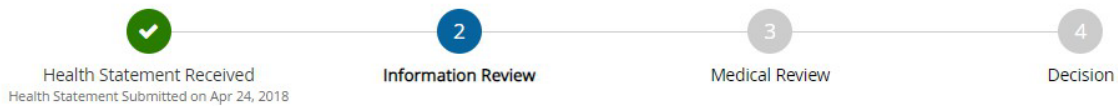
Coverage Type: Life

Submitted Apr 24, 2018

Pending

John Public

Date of Birth: Jan 1, 1975



Requested Information

Apr 24, 2018

Missing Information:

- Missing Height
- Missing Weight

[Provide My Missing Information](#)

You have 45 days from the Date of Request to provide the missing information, otherwise your coverage request will be closed due to the lack of information

When the *Provide My Missing Information* link is clicked, you will be presented with the Missing Information page. This page will provide the information that we require from you (for example: Height, Weight or a health question that was not answered).

Missing Information

Please provide us with your missing information here.

Height

Select Feet



Select Inches



Weight

Pounds



Save & Continue

Once the Missing Information is provided and submitted, you can Print or Save a copy of your submission. In addition, the missing information you submitted will be available to view on the Proof of Good Health or Evidence of Insurability page.

If Additional Health Questions (Long Form) or Appeal Documentation has been provided online, this information that was uploaded will be available to view on the Proof of Good Health or Evidence of Insurability page.

When the *Upload My Long Form* link or *Upload My Appeal Documentation* link is clicked on, you will be presented with the Upload Documents page. This page will allow the user to upload their Long Form Health Statement or Appeal Documentation.

Upload Document

Please provide us with your documents here.

Upload document



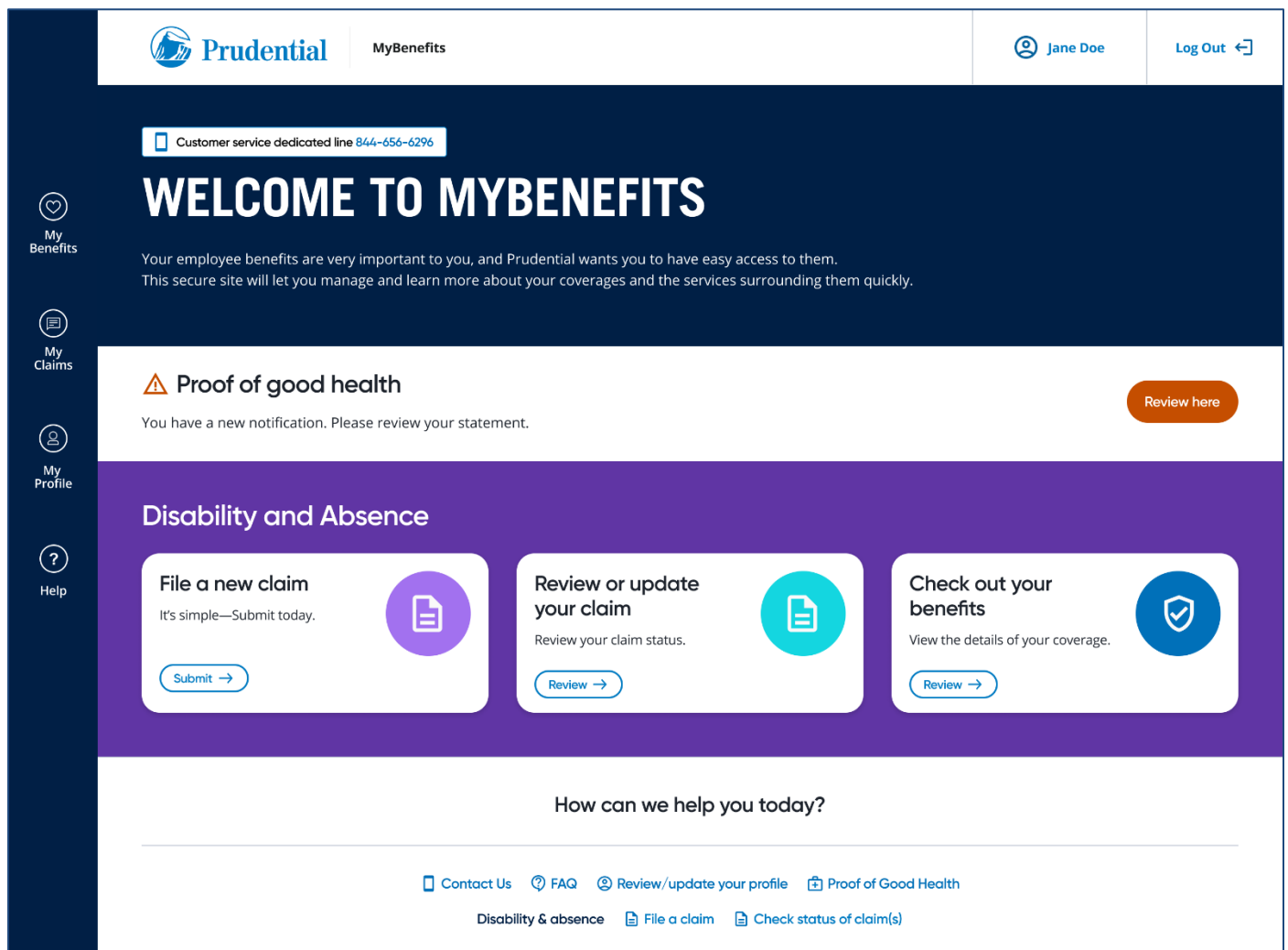
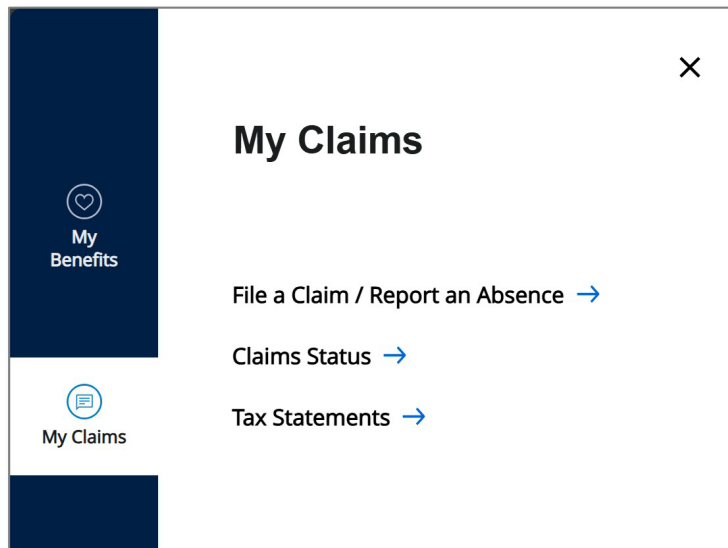
Save & Continue

My Claims

File a Claim / Report an Absence

To file a Disability or Absence Claim online or Report an Absence:

1. Select *File a Claim* from the home page, or
2. Select My Claims > File a Claim / Report an Absence



Report an Absence/Add Time

Directly from the home page, if you need to report an absence, you will be taken to the Report an Absence/Add Time page. Select your claim by clicking *Add Time* in the applicable row.

My Benefits

My Claims

My Profile

 Workplace Benefits

Jane Public

Logout

Select claim

Claim Number	Date of First Notice	Reason for Absence	Absence Relationship	
12907375	11/10/20XX	Care of a Family Member	Spouse	Add time
12906854	10/27/20XX	Employee's Own Health Condition	Employee	Add time

Start a new claim

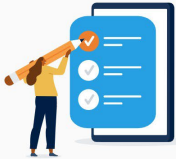
What you will need & what to expect

If you selected File a Claim from the home page, you will be taken directly to the first step in the claims submission process or Add Time page. If you clicked on My Claims > File a Claim, you would see the following page.

On this page, you are provided with a list of items and information you may need to complete the claim submission process. You can gather all necessary information and then click on *File a Claim / Report an Absence*.

File a Claim / Report an Absence

Disability and Absence



- Did you or your partner have a baby?
- Are you recovering from an accident or illness?
- Were you diagnosed with an illness?
- Are you caring for a loved one?

[What you will need & what to expect](#)

File a Claim / Report an Absence →

What You Will Need:

- Doctor's contact information
- Medical information
- Dates related to your absence
- Bank account information

What To Expect:

- Starting a new claim takes about 15 minutes.
- It may typically take up to 15 business days to get a claim decision.

Just like on the home page link, when clicking File a Claim / Report an Absence, if you have a claim where you can add time, you will be taken to the Add Time screen. Click on your claim number or add time next to the claim. Click Start a new claim to get started.

Select claim

Claim Number	Date of First Notice	Reason for Absence	Absence Relationship	
12907375	11/10/20XX	Care of a Family Member	Spouse	Add time
12906854	10/27/20XX	Employee's Own Health Condition	Employee	Add time

Start a new claim

Step 1 – Demographic Info

The first step in the claim submission process is to provide or verify your Personal and Work Information which may, in some cases, have already been provided by your Employer.

Simply provide, verify, or edit the information and click on *Save & Continue*.

File a Claim / Report an Absence

1

2

3

4

5

Demographic Info

Reason

Time Away

Payment

Finish

Personal Information

Name: (Need to edit? Click [Update Profile](#))

Jane

Public

Social Security Number:

...

..

1234

Date of Birth:

01/01/1975

Spousal or Domestic Partnership Status:

Married

Gender:

☐ Male

☒ Female

Is this claim related to COVID-19 or the Coronavirus? *

Please Select

Work Information

Employer:

XYZ Company

Work State:

Alabama

Employee ID:

505529

Job Category:

Sedentary

Job Title:

CUSTOMER ZONE TECH II

Work Location:

Save & Continue

Then, you can indicate how you would like to be contacted regarding this claim. In most instances, updates will be made via the My Profile tab on the left of any screen.

You can choose to provide your mailing or email address to receive correspondence. By enrolling in Prudential's Go Green initiative, you will be choosing to receive communications from us quickly and securely through email and be environmentally conscious in the process. Please note that there is still some correspondence that Prudential is required to send via postal mail.

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File a Claim / Report an Absence



Would you like the Preferred Communication Method for this claim to be email? (Need to edit? Click Update Profile)

☒ Yes ☐ No

Personal Email (Need to edit? Click Update Profile)

john.public@prudential.com

Work Email (Need to edit? Click Update Profile)

Preferred Email (Need to edit? Click Update Profile)

☒ Personal ☐ Work

Address for this claim

☐ Different Mailing Address

Residence (Need to edit? Click Update Profile)

☒ Domestic ☐ Foreign

123 Main Street

Apartment B

Springfield

Alabama

12345

Back

Save & Continue

File a Claim / Report an Absence



Mobile Phone: (Need to edit? Click [Update Profile](#))

Home Phone: (Need to edit? Click [Update Profile](#))

Work Phone and Extension (Need to edit? Click [Update Profile](#))

[Back](#)

[Save & Continue](#)

Simply provide or verify the information and click on *Save & Continue*.

Step 2 – Reason

Next, you will be prompted to provide the reason for your absence. You will be presented with series of questions regarding the reason for your absence; the answers you choose on the first screen will dictate what other questions appear. Also, as you provide answers on certain screens, additional questions may appear. We know your time is valuable and have streamlined the process to request only information relevant to the type of claim you are submitting.

Once you have answered the questions on each screen, click on *Save & Continue*. (Depending on your answers, you may see more screens for this step than shown below.)

File a Claim / Report an Absence



When will you be out of work?

Please Select

What is the last day you were/will be physically at work? **If this date is unknown, please provide an estimated date (required)

MM/DD/YYYY

What was/is the first date you were unable to work due to this absence?

MM/DD/YYYY

[Back](#)

[Save & Continue](#)

File a Claim / Report an Absence



If you are out for COVID-19 or Coronavirus and are experiencing symptoms, please select Employee Own Serious Health Condition / Sickness for the Absence Reason.

What are you out of work for? (required)

Please Select

Back

Save & Continue

File a Claim / Report an Absence



Please provide a brief description of the event which caused the accident/injury:

What was the date of the accident/injury?

MM/DD/YYYY



What is the first day, including non-work days, this condition made you incapable of working?

MM/DD/YYYY



Do you have the ability to work from home?

☐ Yes ☐ No

Are you receiving paid sick leave from your employer during your absence from work? Please do not include PTO or vacation time. (Enter Yes or No)

Required - Please provide a brief description of the medical reason for this claim (please do not use any special characters):

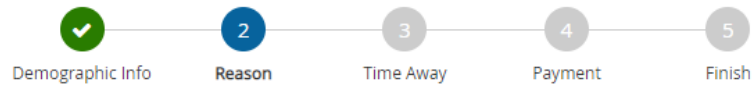
Was the accident/injury the result of a motor vehicle accident?

☐ Yes ☐ No

Back

Save & Continue

File a Claim / Report an Absence



Physician Last Name

Physician First Name

☒ Domestic ☐ Foreign

Physician Address Line 1

Physician Address Line 2

Physician City

Back

Save & Continue

File a Claim / Report an Absence



Physician State

Please Select

Physician Postal Code

Physician Country Foreign Last Line

Phone:

 - -

Extn:

Fax:

 - -

Specialty:

Please Select

Has your health care provider discussed an expected return to work date?

☐ Yes ☐ No

What is your expected return to work date according to your health care provider?

MM/DD/YYYY



Will you be having surgery?

☐ Yes ☐ No

Were you hospitalized?

☐ Yes ☐ No

File a Claim / Report an Absence



I authorize and instruct any health plan, physician, health care professional, medical professional, hospital, clinic, laboratory, pharmacy, clearinghouse, data warehouse, or other organization that aggregates and maintains pharmacy data, MIB, Inc. (formerly known as the Medical Information Bureau), medical facility, or other health care provider or insurance company or producer that has provided treatment, payment, or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other information concerning me or my mental or physical health 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.

I authorize any insurance company, employer, the Social Security Administration, or other person or institutions to provide any information, data, or records relating to my Social Security, Workers' Compensation, credit, financial, earnings, activities, or employment history to Prudential.

For purposes of this Authorization, I acknowledge that any agreements I have made with My Providers that restricts the disclosure of my protected health information as described above do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical record without restriction, including any restrictions on healthcare items or services for which a healthcare provider has been paid out of pocket in full.

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 or benefits 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: P.O. Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers or Prudential has relied on this Authorization or to the extent that Prudential has a legal right to contest a claim under any insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and will no longer be protected by the HIPAA Privacy Rule 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.

Authorization for Release of Information to Prudential Insurance Company

This authorization is intended to comply with the HIPAA Privacy Rule.

I accept the terms of this authorization.

☐ Yes ☐ No

Back

Save & Continue

If medical records are required, the final screen in this step conveniently allows you to provide electronic authorization for your physician to release those records. Review the Authorization Statement and check *Yes*.

When you submit your claim, the system will automatically send a faxed copy of your authorization, including your electronic signature, to the fax number you provided.

If you do not wish to provide electronic consent, simply check *No*, and move forward. In this case, you will be required to provide your physician with written authorization to release your records to Prudential.

Step 3 – Time Away

First, you need to provide us with the days you will be absent. Please type in the field or click on the calendar icon to provide the first and last day of your absence.





Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

☐ I am not sure about the last date of my absence

How often will you be absent during this time?

☐ Every day

☐ The same days and times every week

☐ Varying days and times

When do you need to be away from work?

First day of absence: 

Last day of absence: 

First Date of Absence is required

 August 2023

S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

How often will you be absent during this time?

☐ Every day

☐ The same days and times every week

☐ Varying days and times

Save & Continue

Not sure about your last day of absence?

It's okay if you don't know the last day of your absence. You can input the date of your next doctor's office appointment. Or you can check the box that says, "I am not sure about the last date of my absence". When you click on this box, we will assume 30 days from your first day of absence to get you started. Contact Customer Service at 1-877-367-7781 any time to provide updates.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

☒ I am not sure about the last date of my absence 

If you entered a last day of absence and *then* clicked on the "I am not sure about the last date of my absence", we will update your last date of absence to be 30 calendar days from your first date of absence. You will see a pop-up message informing you of this update. Select **OK** to accept or **Cancel** to uncheck that box and keep the last day of absence you provided.

Last Day of Absence

You have indicated you are unsure of your return. We will update your last date of absence to be 30 calendar days from your first date of absence.

OK **Cancel**

How often will you be absent?

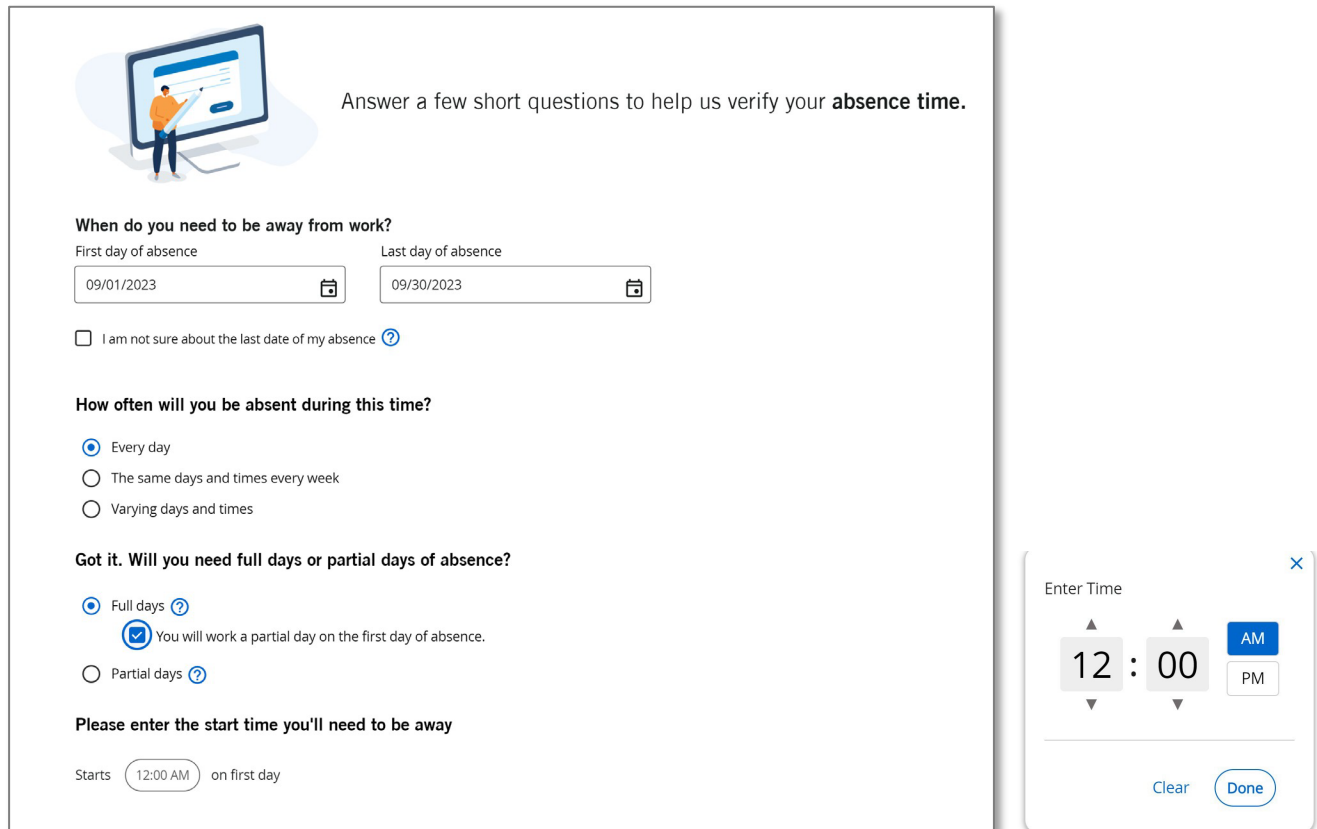
Next, you'll be asked how often you will be absent. You will get different questions depending upon how often you will be absent.

Every day

Choose *every day* if you will be out every day of your entire absence. Then, indicate whether or not you will need full or partial days.

Full days indicate you will be absent for the full day of your normal work schedule.

Partial days indicate that you will be absent for only a part of your normal work schedule. For example, you will be absent from 8am to 12pm when your normal work schedule is 8am to 4pm.



The screenshot shows a web form for requesting an absence. At the top, there is an illustration of a person at a computer and the text: "Answer a few short questions to help us verify your **absence time**."

When do you need to be away from work?

First day of absence: 09/01/2023 (with a calendar icon)

Last day of absence: 09/30/2023 (with a calendar icon)

☐ I am not sure about the last date of my absence ?

How often will you be absent during this time?

- ☒ Every day
- ☐ The same days and times every week
- ☐ Varying days and times

Got it. Will you need full days or partial days of absence?

- ☒ Full days ?
- ☒ You will work a partial day on the first day of absence.
- ☐ Partial days ?

Please enter the start time you'll need to be away

Starts 12:00 AM on first day

To the right of the form is a "Enter Time" modal. It features a digital clock display showing "12 : 00". Above the numbers are up arrows and below are down arrows for adjusting the time. To the right of the minutes is a button to toggle between "AM" (highlighted in blue) and "PM". At the bottom of the modal are "Clear" and "Done" buttons.

Full Days

If you choose full days, you can indicate if you work a partial day on your first day of absence. If so, enter your start time you'll need to be away. You can click on the time and either manually type the start time or use the arrows to update the hours, time, and am or pm.

Partial Days

If you choose partial days, indicate what hours you will need to be out of work every day of your absence. You can click on the time and either manually type the start time or use the arrows to update the hours, time, and am or pm.

How often will you be absent during this time?

☒ Every day

☐ The same days and times every week

☐ Varying days and times

Got it. Will you need full days or partial days of absence?

☐ Full days ?

☒ Partial days ?

So, what hours will you need to be out of work every day of your absence?

Starts 12:00 AM Ends 11:59 PM

Enter Time

12 : 00

AM PM

Clear Done

Save & Continue

Once you made your updates, click *Save & Continue* to proceed to the next screen.

Same days and times each week

If you will be absent the same days and times each week, but not full weeks at a time, choose *The same days and times every week*.

Click on the days you will be out of work each week. Then, indicate whether or not you'll be away full or partial days. Full days indicates you will be out your full workday.

How often will you be absent during this time?

☐ Every day

☒ The same days and times every week

☐ Varying days and times

Please select the days you'll be out of work each week.

Sun Mon Tue Wed Thu Fri Sat

Got it. Will you need full days or partial days of absence?

☒ Full days ?

☐ Partial days ?

If you choose *Partial days* you will need to indicate when you'll be out of work during your absence. You can click on the times and update them in the pop-up that appears.

How often will you be absent during this time?

☐ Every day

☒ The same days and times every week

☐ Varying days and times

Please select the days you'll be out of work each week.

Sun Mon Tue Wed Thu Fri Sat

Got it. Will you need full days or partial days of absence?

☐ Full days ?

☒ Partial days ?

So, what hours will you need to be out of work every day of your absence?

Starts 9:00 AM Ends 12:00 PM

Click *Save & Continue* at the bottom of the page to proceed to the next screen.

Varying dates and times

If your absence varies by week, you can select *varying days and times*. This will display a calendar. Click on each day of the calendar that you will be absent. The days you click will appear blue on the calendar. Simply click on the day to remove it if you selected it by mistake. If your absence extends across multiple months, make sure to click on the days in the next month(s), too. You can click on the left arrow next to the month to advance to the next month.

Updating your absence time: As you click each day on the calendar, it will be listed with the date, the option to choose full day, and the option to update your start and end time. Choose full day by clicking on it or update your start and end times by clicking on each of those fields.



Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

First day of absence: 

Last day of absence: 

☐ I am not sure about the last date of my absence 

How often will you be absent during this time?

☐ Every day

☐ The same days and times every week

☒ Varying days and times

Got it. Enter the dates and times you'll be absent.

< September 2023 >

S	M	T	W	T	F	S
					1	2
	3	4	5	6	7	8
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Fri 09/01/2023 ☐ Full Day Starts Ends

Wed 09/06/2023 ☒ Full Day Starts Ends

Thu 09/07/2023 ☒ Full Day Starts Ends

Mon 09/11/2023 ☐ Full Day Starts Ends

Tue 09/12/2023 ☐ Full Day Starts Ends

Wed 09/20/2023 ☐ Full Day Starts Ends

Thu 09/21/2023 ☐ Full Day Starts Ends

Fri 09/29/2023 ☐ Full Day Starts Ends

[Clear All](#)

Save & Continue

Click *Save & Continue* when you are finished.

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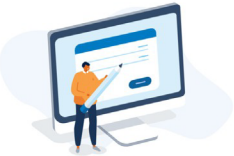
31

Prior Time Taken Error Messages

If you request absence dates that you have previously requested, you will see a message at the top of the page. That message will tell you what dates you have previously requested time for. This includes dates that have been approved, denied, or are pending.

No matter how often you will be absent and at what frequency, we are checking those dates against previously requested time.

In order to proceed with your request, please update your absence dates to exclude previously requested time.



Answer a few short questions to help us verify your **absence time**.

When do you need to be away from work?

 You've already requested absence(s) on the following days: 08/09/2023, 08/17/2023

Please update the dates you have entered to exclude previously requested absences or contact Customer Service at 1-877-367-7781 for assistance.

First day of absence

08/01/2023 

Last day of absence

08/31/2023 

☒ I am not sure about the last date of my absence 

How often will you be absent during this time?

☒ Every day

☐ The same days and times every week

☐ Varying days and times

Work Schedule

Now it's time to update your typical work schedule. For every week you've requested an absence, you will see a work week that needs to be reviewed, updated, and confirmed.

The work schedule will be pre-populated with either:

- A work schedule you've provided in the past on other claims
- A work schedule provided by your employer, when applicable
- A default work schedule if nothing else is available

Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule.

If you are unsure of your work schedule during your absence, it's okay to estimate. You should do one of the following:

- Enter your schedule from last week
- Enter your typical schedule
- Leave or modify the schedule that's provided below

If your schedule changes from what you entered, contact Customer Service at 1-877-367-7781, M-F 8AM to 8PM ET.

Week 1 (Oct 8 - Oct 14)

Please select or modify the days and hours you work each week.

☐ Sun ☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☐ Sat

Is your lunch/break time paid? ☐ Yes ☒ No

Day	Day Start	Lunch/break start	Lunch/break end	Day end
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM

☐ Same for all days

☐ This schedule remains the same for all weeks of this absence.

Week 2 (Oct 15 - Oct 21) **Week 3** (Oct 22 - Oct 28) **Week 4** (Oct 29 - Nov 4)

You can update your work schedule by:

- clicking on days to add or remove them
- clicking on *yes* or *no* to indicate whether your lunch/break is paid or not

Please select or modify the days and hours you work each week.

☐ Sun ☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☐ Sat

Is your lunch/break time paid? ☐ Yes ☒ No

- clicking on the *Day start* and *Day end* times
- clicking on the *Lunch/break start* and *Lunch/break end* times when applicable

- clicking *Same for all days* if your schedule is the same for every week

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	☐ Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

☐ This schedule remains the same for all weeks of this absence.

Done

Confirming your work schedule

Once you've reviewed and updated your work schedule (if applicable), click the Done button. The next work week will expand, and you can update this work week separately.

Week 1 (Oct 8 - Oct 14)

Week 2 (Oct 15 - Oct 21)

Please select or modify the days and hours you work each week.

Sun

Mon

Tue

Wed

Thu

Fri

Sat

Is your lunch/break time paid?
☐ Yes ☒ No

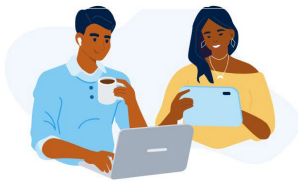
Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	☐ Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

☐ This schedule remains the same for all weeks of this absence.

Done

Week 3 (Oct 22 - Oct 28)

If your schedule is the same for all weeks of your absence, you can click that box to indicate as such. All work weeks will be confirmed as *done*.



Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule.

If you are unsure of your work schedule during your absence, it's okay to estimate. You should do one of the following:

- Enter your schedule from last week
- Enter your typical schedule
- Leave or modify the schedule that's provided below

If your schedule changes from what you entered, contact Customer Service at 1-877-367-7781, M-F 8AM to 8PM ET.

Week 1 (Oct 8 - Oct 14)	✓
Week 2 (Oct 15 - Oct 21)	✓
Week 3 (Oct 22 - Oct 28)	✓
Week 4 (Oct 29 - Nov 4)	✓

Back

Save & Continue

Click on *Save & Continue* to proceed to the next screen.

Non-Working days Error Message

If you request absence dates that are outside of your work schedule, you will see a pop-up message. The pop message will tell you which dates you have requested which are not in your work schedule.

This message will also provide you three options:

- Adjust my days: if you want to change your selected day of absence
- Update my work schedule: if you want to change your work schedule
- Continue without changes: if you want to continue to next step

Non-working day requested

Your request includes non-working days: 01/13/2024, 01/27/2024.

Adjust my days

Update my work schedule

Continue without changes

View the Summary of Your Request

On this screen, you'll see a summary of your request. The calendar will show the dates you requested in blue along with green dots indicating your work schedule. There will also be a written summary of how often you'll be out.

You can change the month use the right and left arrows next to the Month. Below are various examples of the calendar view based on how often you will request your absence for.

Absence every day over a period of time

Here's a summary of the absence(s) you requested.

Save & Continue to finish submitting your claim.

< September 2023 >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:
every day (Full day)
from Sep 01, 2023 - Oct 01, 2023

Scheduled Working Days

**Need to report additional absences?**
Once you complete your claim, simply log back into this benefits portal to submit additional dates.

Absence same days and times

Here's a summary of the absence(s) you requested.

Save & Continue to finish submitting your claim.

< September 2023 >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:
every Monday and Wednesday and Friday (Partial day - 9:00 AM - 12:00 PM)
from Sep 01, 2023 - Sep 23, 2023

Scheduled Working Days

**Need to report additional absences?**
Once you complete your claim, simply log back into this benefits portal to submit additional dates.

Back

Save & Continue

Absence across varying days and times

Here's a summary of the absence(s) you requested.

Save & Continue to finish submitting your claim.

< September 2023 >

SUN	MON	TUE	WED	THU	FRI	SAT
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Requested absence days

You've requested:

Fri - Sep 01, 2023 (Partial day - 1:00 PM - 5:00 PM)
Wed - Sep 06, 2023 (Full day)
Thu - Sep 07, 2023 (Full day)
Mon - Sep 11, 2023 (Full day)
Tue - Sep 12, 2023 (Partial day - 9:00 AM - 12:00 PM)
Wed - Sep 20, 2023 (Full day)
Thu - Sep 21, 2023 (Partial day - 12:00 PM - 4:00 PM)
Fri - Sep 29, 2023 (Partial day - 12:00 PM - 4:00 PM)

Scheduled Working Days



Need to report additional absences?
Once you complete your claim, simply log back into this benefits portal to submit additional dates.

Requested absence days

If you have requested more than 10 absences, you can click on View More to see the rest of them listed out in text.

Requested absence days

You've requested:

Fri - Sep 01, 2023 (Partial day - 1:00 PM - 5:00 PM)
Wed - Sep 06, 2023 (Full day)
Thu - Sep 07, 2023 (Full day)
Mon - Sep 11, 2023 (Full day)
Tue - Sep 12, 2023 (Partial day - 9:00 AM - 12:00 PM)
Wed - Sep 20, 2023 (Full day)
Thu - Sep 21, 2023 (Partial day - 12:00 PM - 4:00 PM)
Mon - Sep 25, 2023 (Full day)

[VIEW MORE >](#)

Scheduled Working Days

Requested absence days

You've requested:

Tue - Sep 26, 2023 (Full day)
Wed - Sep 27, 2023 (Full day)
Thu - Sep 28, 2023 (Full day)
Fri - Sep 29, 2023 (Partial day - 9:00 AM - 12:00 PM)

[< BACK](#)

Scheduled Working Days

Click *Save & Continue* to proceed to the next step.

If you are filing a claim for disability benefits and Prudential will be issuing benefit payments, you will be asked how you would like to receive your disability benefit payments. You can choose to set up a direct deposit into an account of your choosing or you can receive payments at the address you provided earlier, via postal mail.

Click *Save & Continue* to proceed to the final step.

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Step 5 – Finish

The fifth and final step gives you the opportunity to review and confirm your claim information.

Use the right arrow buttons to expand and collapse each section. Click within each section if you need to make any changes. Click on *Continue* after verifying the information.

File a Claim / Report an Absence

✓

✓

✓

✓

5

Demographic InfoReasonTime AwayPaymentFinish

➤ Demographic Information

➤ Reason

➤ Time Away

BackContinue

Next you will see a list of disclaimers for specific states. Click on *Submit Claim*.

For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, 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.

ALABAMA RESIDENTS -Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof

ARIZONA RESIDENTS - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA AND RHODE ISLAND RESIDENTS -< Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

KENTUCKY RESIDENTS -Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

MAINE AND 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.

MARYLAND RESIDENTS -Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE RESIDENTS -Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

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.

NORTH CAROLINA RESIDENTS -Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

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.

PUERTO RICO RESIDENTS -Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (if present), the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS -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, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

BackSubmit Claim

A Prudential Claim Number will then be assigned. Since online claim submissions are in real time, this screen confirms that your claim was created in our Disability/Absence Claim System and is available to view in the claim status section.

File a Claim / Report an Absence



Thanks for submitting your claim. Your claim number is #12485320.

To check the status of your claim, go to [Claim Status](#)

Thank you for providing us with this information. Within the next week, you should receive a communication packet in the mail which will include a letter outlining the eligibility status of your leave or leaves. The reference number for this claim is: 12907510

Your claim will be assigned to a claim manager focused on COVID-19 claim processing. The claim manager will review the information provided and obtain additional information from your health care provider, if needed/applicable.

Calls from Prudential usually appear on caller ID with the last 4 digits as 3400. Please do not screen or block this number, as it could be your claim manager calling with follow up questions or with decision information.

The information you provided today is sufficient to start our review. You do not need to contact us with any further information unless we reach out with a request. You can check on your claim status anytime at www.prudential.com/gicovid19. Initially, it will show as being in a pending status. We have experienced a larger than anticipated increase in new claims, due to COVID 19. This has been delaying claim decisions. Our priority is to make accurate claim determinations as quickly as possible. You can expect to hear from a claim manager within 3 weeks of claim receipt. You will be notified once the claim decision is complete.

You will need to notify Prudential of any additional absences related to this claim. One capability you should be aware of is that you can submit intermittent absence dates by text. To start the submission, text Join to 79706. It will ask a few questions to capture what date/time you are absent from work and then add the date directly onto your claim. If you need to adjust your work schedule you will need to do that on the website or by calling into our contact center as this is not supported through text. You can also report additional absences on the Prudential MyBenefits website, and you will receive an email shortly with instructions on how to do so.

The Prudential My Benefits Website is available to you any time. Once logged in, you can check the status of your claim and review claim correspondence-including the ability to see if Prudential has received incoming documents on your claim.

Have claim documents to send?

[Upload claim documents now](#) or go to your claim status page to upload documents anytime.

Claims Status

To view the status of a Disability or Absence Claim online, select *Claims Status* from the My Claims navigation tab. This page will provide a list of your claims and an overview of your absences if it's applicable.

Janet, check your claim status

Your absence summary

▼ Overview of all of your absences

Check your absence calendar

Claim details

Claim #: 12881582

Employee's Own Health Condition

Please review your coverage details below for your claim status.

Submission Date
Jan 29, 20XX

▼ Recent activities

▼ Coverage details

▼ Absence details

▼ Documents

▼ Payments

Questions? 877-367-7781

Update your information

Contact Information

Payment Method: Direct deposit

E-Delivery Preference

Medical Authorization

Physician Information

Return to Work Date

Upload Documents to Claim

Each section will give you more information about your claim.

- Recent activities: what documents were sent/received, what events were updated.
- Coverage details: status of each coverage, leave period, key dates
- Absence details:
- Documents:
- Payments

This additional information varies depending on the type of claim. You may also be able to update:

- Contact information
- Payment method: check of EFT – if applicable
- E-delivery preference
- Medical authorization
- Physician information
- Delivery Date if applicable
- Return to work date
- Upload documents to claim

MyBenefits Web User Guide May 2026

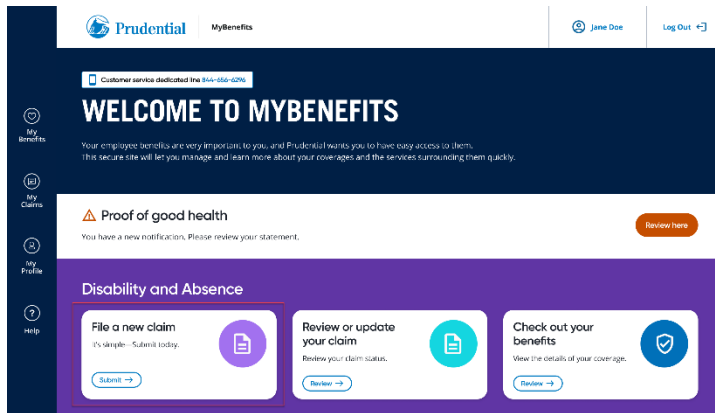
41

Add Additional Time to Claim

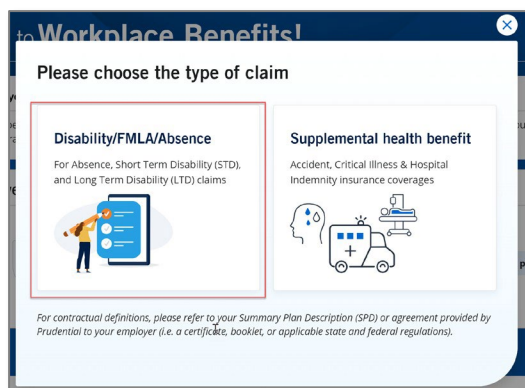
If applicable to your claim, you can add time to a claim from 3 locations. They each bring you to the same Add Time Away calendar.

1. Home page > File a Claim > Add Time – this will only appear if you have a claim you can add time to
2. My Claims > File a Claim > Add Time – this will only appear if you have a claim you can add time to
3. My Claims > Claim Status > Expand claim > Click on *Add Additional Time to This Claim*

Home Page > File a Claim



If you have supplemental health coverage, you will see this pop-up from the home page. Select Disability/FMLA/Absence. The Select Claim screen will show you which claims are applicable to add time to.



My Claims > File a Claim > Add Time



Update your information



Add Additional Time to This Claim



Contact Information



Payment Method: Check by mail



E-Delivery Preference



Medical Authorization



Physician Information



Return to Work Date



Upload Documents to Claim

Step 1 – Absence Times

First, you need to provide us with the days you will be absent. Click on each day of the calendar that you will be absent. The days you click will appear blue on the calendar. Simply click on the day to remove it if you selected it by mistake. If your absence extends across multiple months, make sure to click on the days in the next month(s), too. You can click on the left arrow next to the month to advance to the next month.

Add Time Away



Answer a few short questions to help us **add time** for your claim.

Select the date you are trying to add.

< January 2024 >

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Thu 01/04/2024 ☐ Full Day Starts 12:00 AM Ends 11:59 PM ☐ Apply to all

Fri 01/05/2024 ☐ Full Day Starts 12:00 AM Ends 11:59 PM

Thu 01/11/2024 ☐ Full Day Starts 12:00 AM Ends 11:59 PM

Fri 01/12/2024 ☐ Full Day Starts 12:00 AM Ends 11:59 PM

Thu 01/18/2024 ☐ Full Day Starts 12:00 AM Ends 11:59 PM

Fri 01/19/2024 ☐ Full Day Starts 12:00 AM Ends 11:59 PM

[Clear All](#)

Save & Continue

Updating your absence time(s): As you click each day on the calendar, it will be listed. You have the option to update the following:

- full day
- start and end time
- *apply to all* so that your start and end time will be applied to all the dates you selected

Wed 01/10/2024 ☒ Full Day Starts 12:00 AM Ends 11:59 PM ☒ Apply to all

Click *Save & Continue* when you are finished.

Prior Time Taken Error Messages

If you request absence dates that you have previously requested, you will see a message at the top of the page. That message will tell you what dates you have previously requested time for. This includes dates that have been approved, denied, or are pending.

To proceed with your request, please update your absence dates to exclude previously requested time. You can do this by unselecting those dates on the calendar.

Add Time Away



Answer a few short questions to help us **add time** for your claim.

Select the date you are trying to add.



You've already requested absence(s) on the following days: 12/19/2023

Please update the dates you have entered to exclude previously requested absences or contact Customer Service at 1-877-367-7781 for assistance.

<

December 2023

>

S	M	T	W	T	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Tue 12/19/2023

☐ Full Day

Starts 12:00 AM

Ends 11:59 PM

[Clear All](#)

Save & Continue

Non-Working days Error Message

If you request absence dates that are outside of your work schedule, you will see a pop-up message. The pop message will tell you which dates you have requested which are not in your work schedule.

This message will also provide you three options:

- Adjust my days: Click on this, if you want to change your selected days
- Update my work schedule: Click on this, if you want to change your work schedule
- Continue without changes: Click on this, if you want to continue to next step

Non-working day requested

Your request includes non-working days: 01/13/2024, 01/27/2024.

Adjust my days

Update my work schedule

Continue without changes

Step 2 – View the Summary of Your Request

On this screen, you'll see a summary of your request. The calendar will show the dates you requested in blue along with green dots indicating your work schedule. There will also be a written summary of how often you'll be out. You will also see the button to update your work schedule.

You can change the month use the right and left arrows next to the Month.

Add Time Away

Here's a summary of the absence(s) you requested.

Save & Continue to finish submitting your claim.

◀ January 2024 ▶

SUN	MON	TUE	WED	THU	FRI	SAT
31	1 ●	2 ●	3 ●	4 ●	5 ●	6
7	8 ●	9 ●	10 ●	11 ●	12 ●	13
14	15 ●	16 ●	17 ●	18 ●	19 ●	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

Requested absence days

You've requested:

- Thu - Jan 04, 2024 (Partial day - 12:00 PM - 5:00 PM)
- Fri - Jan 05, 2024 (Partial day - 12:00 PM - 5:00 PM)
- Thu - Jan 11, 2024 (Partial day - 12:00 PM - 5:00 PM)
- Fri - Jan 12, 2024 (Partial day - 12:00 PM - 5:00 PM)
- Thu - Jan 18, 2024 (Partial day - 12:00 PM - 5:00 PM)
- Fri - Jan 19, 2024 (Partial day - 12:00 PM - 5:00 PM)

● Scheduled Working Days

[Update my work schedule](#)

Back Save & Continue

Click on *Save & Continue* to proceed to the next screen.

Update Your Work Schedule

Because we already have your work schedule, you do not need to provide it again. However, if it's changed, please click *Update your work schedule*. You will be brought back to the work schedule page. For every week where you've requested an absence, you will see a work week that needs to be reviewed, updated, and confirmed.

The work schedule will be pre-populated with the work schedule already associated with this claim.

However, if you are unsure of your work schedule during your absence, it's okay to estimate.

Add Time Away



Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule. [?](#)

Week 1 (Dec 31 - Jan 6)



Please select or modify the days and hours you work each week.

Sun Mon Tue Wed Thu Fri Sat

Is your lunch/break time paid?
☐ Yes ☒ No

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	9:00 PM	12:00 PM	12:00 PM	5:00 AM	☐ Same for all days
Tuesday	9:00 PM	12:00 PM	12:00 PM	5:00 AM	
Wednesday	9:00 PM	12:00 PM	12:00 PM	5:00 AM	
Thursday	9:00 PM	12:00 PM	12:00 PM	5:00 AM	
Friday	9:00 PM	12:00 PM	12:00 PM	5:00 AM	

☐ This schedule remains the same for all weeks of this absence.

Done

Week 2 (Jan 7 - Jan 13)



Week 3 (Jan 14 - Jan 20)



Back

Save & Continue

You can update your work schedule by:

- clicking on days to add or remove them
- clicking on *yes* or *no* to indicate whether your lunch/break is paid or not

Please select or modify the days and hours you work each week.

Sun Mon Tue Wed Thu Fri Sat

Is your lunch/break time paid?
☐ Yes ☒ No

- clicking on the *day start* and *day end* times
- clicking on the *lunch/break start* and *lunch/break end* times when applicable
- clicking *Same for all days* if your schedule is the same for every week

Day	Day Start	Lunch/break start	Lunch/break end	Day end	
Monday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	☐ Same for all days
Tuesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Wednesday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Thursday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	
Friday	8:00 AM	12:00 PM	1:00 PM	4:00 PM	

☐ This schedule remains the same for all weeks of this absence.

Done

Confirming your work schedule

Once you've reviewed and updated your work schedule (if applicable), click the *Done* button. If you have multiple weeks you are applying your work schedule changes to, click the box next to *This schedule remains the same for all weeks of this absence*. All work weeks will be confirmed as *done*.

If each week is different, click on each collapsed week to update it before clicking *Done*.

Add Time Away



Next, we'll gather details around your **typical work schedule** to evaluate your absence request.

Review & update your weekly schedule. ⓘ

Week 1 (Dec 31 - Jan 6)	✓
Week 2 (Jan 7 - Jan 13)	✓
Week 3 (Jan 14 - Jan 20)	✓

Back

Save & Continue

Click on *Save & Continue* to proceed to the next screen.

Step 3 – Preview and Confirm

On this page, review the information you provided. The work schedule that appears may be from prior claims. This will not impact your request to add time.

Add Time Away

Preview and Confirm

Absence		Work Schedule						
TimeAway		Week Date	Week	Day	Day Start	Meal Start	Meal End	Day End
Jun 05, 2023 Starts at 12:00AM Jun 06, 2023 Full Day Jun 07, 2023 Full Day Jun 08, 2023 Ends at 11:59PM		Mar 01, 2020	1	Mon	09:00AM	01:00PM	02:00PM	06:00PM
				Tue	09:00AM	01:00PM	02:00PM	06:00PM
				Wed	09:00AM	01:00PM	02:00PM	06:00PM
				Thu	09:00AM	01:00PM	02:00PM	06:00PM
			Fri	09:00AM	01:00PM	02:00PM	06:00PM	
		Apr 10, 2022	1	Mon	08:00AM	-	-	04:30PM
				Tue	08:00AM	-	-	04:30PM
				Wed	08:00AM	-	-	04:30PM
				Thu	08:00AM	-	-	04:30PM
				Fri	08:00AM	-	-	04:30PM

Start Over

Submit

Clicking on *Start Over* will re-open the *Add Time Away calendar* where you will have to redo your time away. Click on *OK* if you want to start over or click on *Cancel* to get back to the prior screen.

Are you sure you want to start again?

Once you confirm the dates, click on *Submit*.

Add Time Away

Thanks for updating your claim.

Your newly requested absence day(s)/times have been successfully added to your existing claim. Prudential Claim #:13099752

View Absence Calendar

You can view your absence and their status on the Absence Calendar. You can access the calendar by My Claims > Claim Status > Check your absence calendar.

Janet, check your claim status

Your absence summary

[Overview of all of your absences](#)[Check your absence calendar](#)

Claim details

**Claim #: 12881582**
Employee's Own Health Condition

Please review your coverage details below for your claim status.

Submission Date
Jan 29, 20XX

The Legend will indicate the status of each time absence requested.

- Pending
- Approved
- Denied
- Not Taken

Click on any day with an icon to learn more about it.

Prudential

Exit

Absence Calendar

Select any date to see additional information

< February 2025 >

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	1
2	3	4	5	6	7	8

Additional Information

Current work schedule
Time: 07:30 AM - 04:00 PM Lunch: 11:30 AM - 12:00 PM **Claim #:** 12881582 **Claim Reason:** Own Health Condition

FED FMLA
Time requested:
7:30 AM - 4:00 PM

Leave type: Federal **Leave status:** Approved
Reason/Description: Review / Late Notification
Paid Leave by Prudential: No

 **Pending** Requested absence date which is awaiting processing and decision by Prudential

 **Approved** Requested absence date which was approved

 **Denied** Requested absence date which was denied

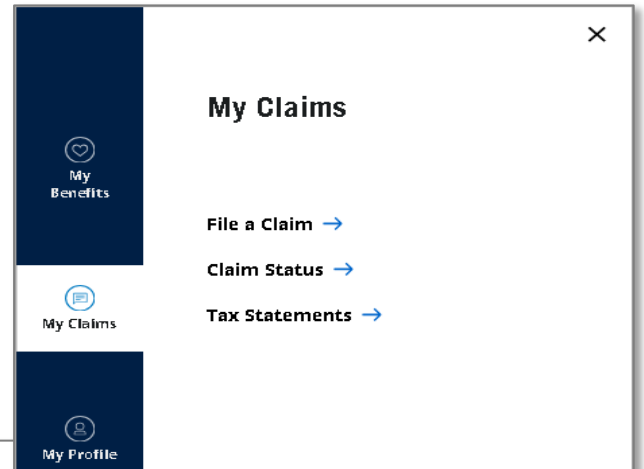
 **Not taken** Previously requested absence date which is no longer needed

 **Selected**

Tax Statements

When you click on *Tax Statements* from the *Claims and Absence* Navigation tab, you will have the ability to download and view your Tax Statements (when available). You can select the *Tax Year* from the drop-down menu and then click on the *Generate Tax Statement* button. If a statement is available, click on the form link to open the document in Adobe PDF format allowing you to save and print. If a statement is not available, the button will indicate the Statement for the year selected in Unavailable.

Request a Tax Statement:



Tax statements

You will need Adobe Acrobat Reader in order to open these Tax statements, if needed this software can be downloaded [here](#).

Select Tax Year

Statement for 2017 is Unavailable

My Profile

You can update your profile by clicking 3 places on the website.

1. On a desktop/laptop, click your name in the header or on your mobile device, click the small icon in the upper right
2. Click on review/update your profile in the How can we help you today? section
3. Click on My Profile from the side navigation (desktop/laptop) or bottom (mobile) navigation

The screenshot shows the Prudential MyBenefits website interface. At the top, the Prudential logo and 'MyBenefits' text are on the left, and a user profile 'Jane Doe' with a 'Log Out' button is on the right. A red box highlights the 'Jane Doe' profile. Below the header, a dark blue banner says 'WELCOME TO MYBENEFITS' with a sub-header 'Your employee benefits are very important to you, and Prudential wants you to have easy access to them. This secure site will let you manage and learn more about your coverages and the services surrounding them quickly.' Below this, a white box contains a 'Proof of good health' notification with a 'Review here' button. A red box highlights the 'My Profile' icon in the left sidebar. Below the sidebar, a purple section titled 'Disability and Absence' contains three cards: 'File a new claim' (Submit), 'Review or update your claim' (Review), and 'Check out your benefits' (Review). At the bottom, a white box titled 'How can we help you today?' contains a row of links: 'Contact Us', 'FAQ', 'Review/update your profile' (highlighted with a red box), and 'Proof of Good Health'. Below this row are links for 'Disability & absence', 'File a claim', and 'Check status of claim(s)'. The footer contains links for 'Terms and Conditions', 'Privacy Statement', 'Privacy Center', 'Business Integrity', and 'Accessibility Help', followed by a copyright notice for 2022 Prudential Financial, Inc.

My Profile

i Keeping your contact information and permissions up to date is the best way to ensure accurate communications. Please review/update your information below. ✕

Changes made to your personal information, through this web site, are used only for purposes of your Prudential Group Insurance coverage. To make Permanent changes, you must contact your Benefits Administrator or Human Resources Department.

All fields are required unless indicated as optional.

Information on File

First Name Janet	MI (Optional)	Last Name Lee	
Street Address 1 123 Main Street		Street Address 2 (Optional) Apt B	
City Springfield	Zip 12345	State/Province Alabama	Country United States

Personal Information

Social Security Number
XXX-XX-1234

Date Of Birth (MM/DD/YYYY)
01/01/1975

Gender
Female

Communication Preferences

Personal Email Address janet.lee@prudential.com	Work Email Address janet.lee@prudential.com
--	--

Select your preferred email address

☐ Personal email ☒ Work email

Mobile Phone Number [Redacted]	Home Phone Number (Optional)	Work Phone Number (Optional) [Redacted]	Extension
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E-Delivery Consent

You have the option to receive certain communications from us relating to your insurance coverage electronically via email or text at the email address and mobile number you provided in your profile:

Please indicate your preferences below.

If you would like to apply for coverage electronically and receive email or text communications about each of your group insurance coverages, please indicate your preferences below and include your email address and mobile number.

☒ Email and text ☐ Email only ☐ Paper only

CONSENT TO ELECTRONIC DELIVERY

Thank you for consenting to the use of electronic signatures and electronic delivery in connection with your application for insurance or the administration of each of your group insurance coverages. Please note that a separate consent may be required for other products you may have purchased from Prudential or its affiliates.

Please read the terms and conditions of this Consent and acknowledge your agreement by checking the "I AGREE" box below.

Electronic Delivery

We will only transmit Communications electronically if you consent. Such consent is voluntary. Please read the terms and conditions of this Consent and acknowledge your

[Print](#)

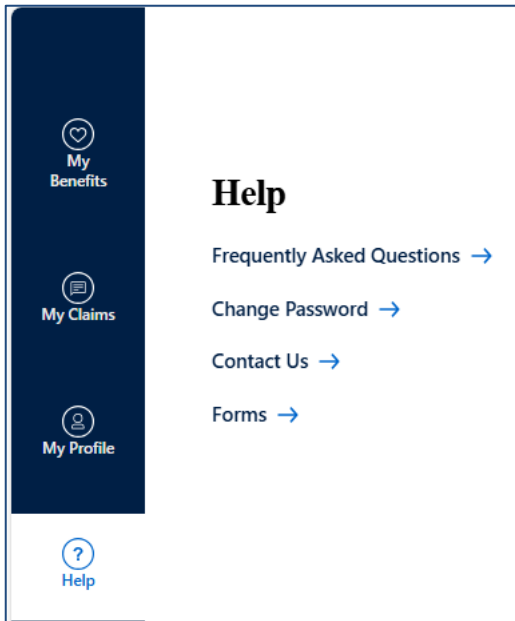
I understand that by clicking "I AGREE," I am signing this Consent electronically. My electronic signature is the legal equivalent of my handwritten signature and I will be legally bound by the terms and conditions of this Consent. I have read the terms and conditions of this Consent and agree to receive Communications electronically at my email address set forth above.

☒ I Agree

[Save Changes](#)

Help

Change Password, Contact Us and Forms are all under Help.



Change Password

By clicking on *Help* and then *Change Password*, you can easily change your password.

A screenshot of the 'Change password' form. The title 'Change password' is at the top left. Below it is a heading: 'To change your password, please provide the following information:'. The form contains three input fields: 'Current password *' with a 'Show' link, 'New password *' with a 'Show' link, and 'Confirm new password *' with a 'Show' link. Below these is a fourth field: 'The Name Of Your Favorite Pet *'. A note below this field says 'This field is case-sensitive.' At the bottom left, a legend states '* denotes required fields'. At the bottom right are two buttons: a 'Cancel' button and a blue 'Next >' button.

Contact Us

During regular business hours, we can assist you with our website.

Contact Us (Before You Login):

If you have trouble registering or logging in, you can click on *Contact Us* on the Login Page and you will be provided with the information you need to contact us.

Contact us

Do you need to speak with someone for additional help? We are here to help you.

Please call us:

Technical Support:

Number: 1-877-507-4778 For Disability, select prompt 1. For Life, select prompt 2.

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Supplemental Health Claims (accident, critical illness, hospital indemnity, or wellness)

Number: 1-844-455-1002

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Contact Us (While Logged In)

In certain instances, you may have questions or need assistance with functions in the web application. By clicking on *Help* and *Contact Us*, our contact information will be displayed.

Contact Us



- If your inquiry is related to a disability or absence claim, we have self-service options available on this website for you to make updates or check the status of your disability or absence claim, or to file a new claim. Select CLAIMS AND ABSENCE from the navigation bar to access an existing disability or absence claim or to file a new claim.
- If you are enrolled in our texting capabilities, you can respond to any text you've previously received from us about a disability or absence claim to provide an update for the claim.
- For Long term disability customers, a schedule of this year's Long Term Disability check dates can be accessed [here](#).
- Blank forms are available [here](#).

Do you need to speak with someone for additional help? We are here to help you. Please call the number from the list below that best relates to your inquiry.

Short Term Disability or Long Term Disability Claims Without FMLA

Number: 1-800-842-1718

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

FMLA (Family Medical and Leave Act) or Short Term Disability With FMLA

Number: 1-877-367-7781

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Supplemental Health Claims

Number: 1-844-455-1002

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Group Life Insurance

Number: 1-800-778-3827

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

Technical Support:

Number: 1-877-507-4778 For Disability, select prompt 1. For Life, select prompt 2.

Hours: Monday - Friday 8:00 AM - 8:00 PM Eastern Standard Time

