|  |  |
| --- | --- |
| Your logo here | The World Bank International Bank For Reconstruction And Development International Development Association  1818 H St. N. W. Phone: (202) 473-1000 Washington, D.C. 20433 Fax: (202) 477-6391 |

# Group Life Insurance Request Form (Control Number: 28919)

This form includes employment information as required by Prudential Insurance Company of America to support applications of Evidence of Insurability for active employees wishing to increase Group Life Insurance coverage levels effective more than 60 days after either entry on duty or 31 days after a life event. This form must be signed by your Manager or HR representative and submitted to Prudential along with your Short Form Health Statement.

## Employee Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name: | |  |  | Address on File: |  |
| SSN/ UPI: | |  |  |  |  |
| Date of Birth: |  | |  |  |  |
| Gender: |  | |  | Email address: |  |
| Marital Status: |  | |  | Phone No: |  |

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name: |  |  | Address on File: |  |
| SSN/ UPI: |  |  |  |  |
| Date of Birth: |  |  |  |  |
| Gender: |  |  | Email address: |  |
| Relationship to Employee: |  |  | Phone No: |  |

## Coverage Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coverage Type: |  |  | Salary: |  |
| In Force Amount: |  |  | Coverage Effective Date: |  |
| Requested Amount: |  |  |  |
| Total Amount: |  |  |  |

## For Management/Human Resources Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manager/HR Name: |  |  | Signature: |  |
| Date Received: |  |  | Date Signed: |  |