

FAST FACTS

BenefitAccess Rider

The BenefitAccess Rider (BenefitAccess) is an accelerated death benefit rider that advances up to 100% of the policy's death benefit. The death benefit can be accelerated in the event that the insured is certified as chronically or terminally ill by a licensed health care practitioner and otherwise qualifies under the terms of the rider. Accelerating the death benefit will reduce the death benefit on the policy. BenefitAccess is not Long-Term Care (LTC) insurance and it is not intended to replace LTC. The chronic illness option and the terminal illness option are described separately below. The rider described below is available at issue for an additional premium and subject to additional underwriting, if the client qualifies. The rider is subject to state variations and may not be available in all states.

OVERALL RIDER INFORMATION		
Eligibility	▶ U.S. Residents ages 20 to 80.	
	▶ Minimum basic insurance amount of \$100,000.	
	▶ Maximum basic insurance amount of \$5,000,000 (applies on an aggregate basis per insured individual, at the time of application).	
	▶ Basic insurance underwriting rating of either:	
	1) Table D or better.	
	2) With a total flat extra rating not exceeding \$25 per \$1,000.	
	▶ Supplemental underwriting must be completed by the applicant. It is possible for an applicant to be approved for basic insurance coverage but ineligible for BenefitAccess coverage due to certain medical or occupational history.	
Issuing the Rider	The rider is elected on the Application for Life Insurance. A product line specific BenefitAccess Rider Disclosure form is required as part of the pre-issue process. Please note there are several state-specific versions of the disclosure forms.	
	▶ [For BenefitAccess Rider with PruLife Universal Protector: ORD 115170-2013]	
	▶ [For BenefitAccess Rider with indexed universal products: ORD 115182-2013]	
	► [For BenefitAccess Rider with variable products: ORD 115183-2014]	
	If using the long-form application process, an additional BenefitAccess Rider Application Supplement must be completed and signed with the application. The supplement form is not product specific; there are several state variations.	
	If BenefitAccess is requested on the application, an RX check will be obtained and additional requirements may be necessary in some cases. It is possible for a client to be offered a life insurance policy but be declined for BenefitAccess.	
The Cost of the Rider	There is an additional charge for this rider. It will generally add 5% to 20% to the life insurance premium.	
BenefitAccess State Availability	The rider is available in many states. You can check for the latest availability on www.pruxpress.com.	

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OVERALL RIDER INFORMATION (CONTINUED)	
Life Insurance Product Availability (only available at policy issuance)	PruLife Universal Protector®, PruLife® Founders Plus UL, VUL Protector®, PruLife® Custom Premier II
Compatibility with Other Riders and Benefits	BenefitAccess may not be added to the same policy as Enhanced Disability Benefit or <i>Living Needs BenefitSM</i> .
Cancellation	The benefit may be permanently removed from the policy at any time prior to claim at the policy owner's request and rider charges will cease. Once removed, it cannot be reattached to the policy.
Tax-Qualified Status	Benefits paid under the BenefitAccess Rider are intended to be treated for federal tax purposes as accelerated life insurance death benefits under IRC §101(g)(1)(b). Accelerated death benefits that are paid from a life insurance contract are generally excludable from federal income tax as long as the insured satisfies the tax law definition of "terminally ill" or "chronically ill." Tax laws related to the receipt of accelerated death benefits are complex, and these benefits may be taxable in certain circumstances. We advise you to seek the help of a professional tax advisor for assistance with any questions you may have as neither we nor our
Loans	representatives can provide legal or tax advice. If any loans are outstanding, a portion of each benefit payment is used to proportionately reduce the loans. Loans are available while receiving chronic illness benefits.
Additional Restrictions	 If there is an assignee on the policy, the assignee must provide his or her consent in order to exercise the benefit. Rider may not be exercised if you are required by law to use the rider to meet the claims of creditors or if you are required by a government agency to use the rider to apply for, keep, or obtain a benefit or entitlement. The Maximum Total Benefit for each insured individual is subject to a \$5M limit. This limit applies on an aggregate basis if an individual is insured under multiple policies and will be imposed at the time of application. Withdrawals are not permitted while on claim.
Medicare, Supplemental Security Income, and Medicaid	Medicare is not affected by the rider whether or not a claim is paid. Supplemental Security Income (SSI) and Medicaid eligibility can be affected only if the policyowner receives the benefit payment. Social Security will count rider payments as part of the policyowner's income when they determine if they can pay SSI, and, if so, how much they can pay. Therefore, the rider payment may lower the SSI amount or make someone ineligible for Medicaid. Your client should consult with his or her personal tax advisors regarding the implications of receiving accelerated death benefit payments.

	CHRONIC ILLNESS OPTION
Qualification for Benefits	Satisfactory evidence must be received, including certification by a licensed health care practitioner, that the insured is chronically ill and is not expected to recover from the chronic illness. He or she will need to be recertified as chronically ill every 12 months to qualify. For the chronic illness benefit, typically this means that the insured: • Cannot perform at least two Activities of Daily Living (ADLs) without substantial assistance and will likely need assistance for the rest of his or her life; OR • Requires substantial supervision and protection from threats to health and safety due to a severe cognitive impairment, and will likely require supervision for the rest of his or her life. ADLs are basic activities that are used as a measurement of an individual's ability for self-care and to live independently without substantial assistance from another individual and include: • Bathing • Dressing • Toileting • Continence • Transferring
Use of Benefit	The benefit can be used to pay for any medical or non-medical expense and can include: Family care Skilled nursing care Intermediate care The benefit does not require the submission of receipts.
Benefit Payment Options	Benefit payments are available as monthly payments or as an annual lump sum. (Note: A discount factor is applied if an annual lump sum is selected.)
Waiting Period	There is no waiting period. Once Prudential approves a BenefitAccess claim, the first benefit payment will be made on the monthly policy date on or following the date that Prudential received certification that the insured is chronically ill. If this date has passed, benefits will be paid retroactively.
Maximum Monthly Benefit	The Maximum Monthly Benefit under the rider is 2% of the death benefit amount at the time of claim, not to exceed the lesser of: A) The monthly equivalent of the IRS Per Diem Limit at the time of claim; or B) The monthly equivalent of the IRS Per Diem Limit on the policy issue date, compounded annually at 4%. <i>Note: The IRS Per Diem Limit for 2014 is \$330.</i> ¹
Maximum Total Benefit	The death benefit of the policy at the time of initial claim.

¹This amount may be adjusted for inflation by the IRS and will fluctuate according to the terms of the rider only if adjusted for inflation by the IRS subject to a maximum annual increase of 4%. The Per Diem amount is tied to the Internal Revenue Code and the amount may change every year.

CHRONIC ILLNESS OPTION (CONTINUED)	
Impact of Claim	 If a client has a variable death benefit (Type B) or Return of Premium death benefit (Type C) at the time of claim it will be switched to a fixed death benefit (Type A) and remain there while on claim and for the duration of the contract. The face amount at the time of claim will be fixed as well. At the time of claim, any balance in variable subaccounts must be transferred into a fixed account and must remain there while on claim. Monthly benefit payments reduce the death benefit dollar-for-dollar and reduce Cash Value proportionately. Once claim begins, all policy and rider charges are waived. Policy charges will resume if client comes off claim within 25 months; however, rider charges do not resume. Withdrawals are not available while a policy is on claim. While on claim, the policy is protected from lapse, through waiver of policy and rider charges. If claim continues for 25+ months, the policy is permanently protected from lapse, even if the client later comes off claim. Clients may choose to make additional premium payments during a claim, but billing and drafting is discontinued.
Payment Period	Once payments begin, they will continue until the earliest of: the date the death benefit is reduced to \$0; the policy owner requests that the benefit payments stop; or annual recertification is not received.
Additional Tax Considerations	Whether benefits are taxable will depend on the recipient's particular situation, including whether qualified expenses ² are incurred or reimbursed, and whether benefits are being received under similar contracts. Your clients should consult a qualified tax advisor prior to purchasing the rider and electing to receive benefits.

²Qualified expenses means costs incurred for the necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services needed by a chronically ill individual.

TERMINAL ILLNESS OPTION	
Terminal Illness Option	Provides for benefit if the insured becomes terminally ill and has a life expectancy of six months (12 months in CA) or less. It was designed to add flexibility to the payment of specified claims by advancing part of the death benefit.
Benefit Amount	The Benefit Amount for the terminal illness benefit is the death benefit of the policy, adjusted by a discount factor. The amount paid to policy owners is reduced by the discount factor, which results in a net benefit that is between 90% and 95% of the death benefit.
	Proceeds are paid in a lump sum. A one-time partial lump sum is also available and is also adjusted by a discount factor. If the one-time partial lump sum option is elected, the client can choose to accelerate any amount, as long as the remaining death benefit is at least \$25,000.
	The terminal illness option is still available for clients who have exercised a chronic illness claim; however, once a terminal illness claim occurs, the chronic illness option is no longer available.
Terminal Illness Claim Requirements	A claim can be made by the policy owner if the insured is terminally ill and has a life expectancy of six months or less. Satisfactory evidence from the insured's physician must be provided.
Processing Fee	When a claim is paid, a processing fee of up to \$150 (\$100 in FL) for the first policy and for each additional policy used for the same claim will be deducted (as well as a reduction for early payment).
Option to Make a Claim	If the insured becomes eligible for the benefit to be paid, the policy owner can decide to make a claim for the Terminal Illness Option or leave the policy intact.
Remaining Death Benefit	In most cases, if the maximum benefit amount is claimed, the policy will terminate. If a partial benefit payment is claimed, the life insurance policy can continue with a reduced death benefit and lower premiums. See the rider for any restrictions that apply to partial Terminal Illness Option claims.
	When only a portion of the option is elected, the insured's death benefit of the life insurance policy will be reduced proportionately, and will continue to provide a reduced death benefit for the beneficiary. The premiums, values (including any Contract Fund values), and amount of insurance will be appropriately reduced.
Effect on Other Benefits (also applies to chronic illness)	In a full settlement, riders on lives other than the insured are not included in the calculation and will remain in force with no further premium due. If a partial claim is paid, the premium, death benefit, contract fund, and outstanding loan amounts will be proportionately reduced but benefits payable under an accidental death benefit rider or a rider on a life other than the insured are not impacted.

If you have questions about the BenefitAccess Rider, talk to your Prudential representative today. Not sure who that is? **Call the National Sales Desk at (800) 800-2738 to get connected.**







The BenefitAccess Rider may not cover all of the costs associated with chronic or terminal illness. The rider is a life insurance accelerated death benefit product, is generally not subject to health insurance requirements, and may not be available in all states.

The Living Needs Benefit is an accelerated death benefit and is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for insurance of these types. There is no charge for this rider but, when a claim is paid under this rider, the death benefit is reduced for early payment, and a \$150 processing fee (\$100 in Florida) is deducted. If more than one policy is used for the claim, each policy will have a processing fee of up to \$150 (\$100 in Florida) deducted. Portions of the Living Needs Benefit payment may be taxable, and receiving an accelerated death benefit may affect your client's eligibility for public assistance programs. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefit and is considered "terminally ill" or "chronically ill." We suggest that your clients seek assistance from a personal tax advisor regarding the implications of receiving Living Needs Benefit payments. This rider is not available in Minnesota to new purchasers over age 65 until the policy has been in force for one year, and the nursing home option is not available in Connecticut, Florida, Massachusetts, New York, or the District of Columbia. This rider is not available in Washington state.

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Your client should consider the investment objectives, risks, and charges and expenses carefully before investing in the contract, and/or underlying portfolios. The prospectus, and, if available, the summary prospectus, contain this information as well as other important information. A copy of the prospectus(es) may be obtained from Prudential.com. Your clients should read the prospectus carefully before investing.

It is possible to lose money by investing in securities.

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