

**Instructions**

1. Complete all sections in this form.
  2. Sign the page titled **“Certification of Financial Hardship and Authorization.”**
  3. Obtain and submit all required documentation that pertains to the reason for your request.
- Note:** The documents you need to attach to your Request for Hardship Withdrawal Request Form to substantiate the nature of your hardship request are detailed on the **Hardship Withdrawal Request Required Documentation Instructions** (located at the end of this document).
- Important:** Requests received with documentation that is incomplete or does not meet the requirements described will not be processed until they are in good order, which could cause a substantial delay in receiving your funds.
- It is your responsibility to obtain and verify the documents you submit meet the stated requirements.
4. Please be sure to update your ‘Notification Preference’ to be notified of the status of your request (if applicable).
  5. Mail all forms and documentation to:

<b>Regular Mail to:</b>	<b>OR</b>	<b>Express Mail to:</b>	<b>OR</b>	<b>Fax to:</b>
<b>Prudential Retirement</b> PO Box 5410 Scranton, PA 18505-5410		<b>Prudential Retirement</b> 30 Scranton Office Park Scranton, PA 18507-1789		<b>1-866-439-8602</b>

**Approval/  
Denial of  
Hardship  
Request**

- Upon receipt of your hardship request, all documents will be reviewed by Prudential.
- If your paperwork is not in good order, the hardship distribution request will be denied. We will notify you of our findings. Please note that the documents submitted will not be returned to you, therefore, please make copies for your records.
  - If it is determined that you qualify for a hardship based on current Internal Revenue Code regulations and Plan provisions, Prudential will process your request.
    - All hardship distributions are reported to the Internal Revenue Service on Form 1099-R
    - In the event of an audit you must retain documentation to support your claim of financial hardship and to demonstrate compliance. Tax or legal counsel should be consulted regarding the permissibility of any distribution.

To understand your withdrawal process, refer to the page titled **“Important Notice to Participants Taking a Hardship Withdrawal”**. In taking this withdrawal it is extremely important that you review this in order to complete this form appropriately and expedite your request.

Customer Service representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about your Plan. Call 1-855-444-2832 for assistance.

Personal assistance with a Customer Service representative is available Monday through Friday, 8 a.m. to 9 p.m. Eastern Time, except on holidays.

Our representatives look forward to providing you with information in English, Spanish, or many other languages through an interpreter service.

Account information is available for the hearing impaired by calling us at **1-877-760-5166**. On the website, you are able to review your account information. You may access information on your account at [[www.prudential.com/online/retirement](http://www.prudential.com/online/retirement)] which is generally available 24/7.

**About You**

Plan number

0 0 5 0 1 1

Sub plan number

0 0 1 0 2 2

NYC HEALTH + HOSPITALS

Social Security number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First name

MI

Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP code

\_\_\_\_\_

Date of birth

Gender

Fax number

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

M  F

\_\_\_\_ area code - \_\_\_\_ - \_\_\_\_

Preferred Email address (how Prudential will contact you, if needed)

\_\_\_\_\_

Daytime telephone number

Mobile telephone number

\_\_\_\_ area code - \_\_\_\_ - \_\_\_\_

\_\_\_\_ area code - \_\_\_\_ - \_\_\_\_

Notification Preference (how you prefer Prudential to contact you for this request, choose one):  Email  SMS Text

Please note: If neither email or text are selected (or both), we will default to email if provided.

*Please review all the enclosed information before proceeding.*

**Reason for  
Hardship  
Withdrawal**

*(Check all  
that apply)*

I hereby request a Hardship Withdrawal for the following reason(s). I agree to provide the applicable documentation as described in the **Hardship Withdrawal Request Required Documentation Instructions**.  
\*\*Please refer to **Important Notice to Participants Taking a Hardship Withdrawal** for a definition of dependent in IRC Section 152

- Medical/Dental expenses incurred by me, my spouse, or any of my dependents, or primary beneficiary.
- Purchase (excluding mortgage payments) of my principal residence.
- Payment of tuition for the next 12 months of post-secondary education for me, my spouse, or any of my children, dependents, or primary beneficiary. You are certifying the schools' accreditation by submitting this request.
- Payments needed to prevent eviction or imminent mortgage foreclosure from my principal residence.
- Payment of burial or funeral expenses for my deceased parent, spouse, child, dependent, or primary beneficiary.
- Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.
- Expenses and losses as a result of a federally declared disaster as allowed by your plan.

**Important:** Documentation requirements for your Hardship withdrawal are located in the **Hardship Withdrawal Request Required Documentation Instructions** at the end of this document. The documents listed must be included with your request.

**Withdrawal Request Amount**

*(You will only be approved for up to the documented financial need)*

The disbursement amount will be taken from your account according to the hierarchy determined by your Plan/ Program. If the amount requested exceeds your maximum hardship withdrawal amount, you will be paid the maximum amount available.

**Amount: \$ \_\_\_\_\_ A SPECIFIC AMOUNT IS REQUIRED**

**If you would like your hardship withdrawal to include additional amounts necessary to pay anticipated taxes, penalties and applicable fees (this is called a gross-up), check the following box:**

**I would like to gross-up my hardship withdrawal**

By checking this box, I would like to increase the withdrawal amount to cover any federal and state income taxes, penalties & applicable fees that may be reasonably anticipated as a result of this withdrawal.

- Your election for Federal & State Income Tax in the following tax sections will be used as the amount of reasonably anticipated taxes in the gross-up calculation
- If applicable, the 10% penalty amount will be added to your withdrawal
- The total maximum allowed to gross-up for federal and state tax is 35%. If you elect more than 35%, we will:
  - Gross-up your withdrawal using a default of 35% for federal and state taxes
  - Withhold the Federal & State Income Tax amount(s) you elect in the following tax sections (even if greater than 35%)

**I certify that I have obtained all funds currently available to me from this and any other plan of the Employer. If I have not taken all available In-service withdrawals, Prudential will automatically pay those dollars to me if my plan requires.**

- The In-service portion that is automatically paid will be deducted from the amount requested above
- The In-service withdrawal is subject to 20% federal tax withholding, and any applicable state tax and fees, if applicable
- The In-service withdrawal is eligible for rollover
- The Qualified Joint Survivor Annuity Notice/Spousal Waiver provided applies to both the In-service and Hardship withdrawals, if applicable

**Election for Withholding of Federal Income Tax**

Federal tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. Hardship disbursements are subject to 10% federal income tax withholding, unless you elect otherwise. You can elect to have no federal income taxes withheld by checking the box below. **If you elect out of withholding, you are still responsible for payment of any taxes due, and you may incur penalties if your withholding and/or estimated tax payments are not sufficient.** If you do not check one of the options below, 10% federal income tax withholding will be automatically deducted from your payment.

- 1.  I elect **to have** federal income tax withheld at 10% from the taxable amount of my distribution.
- 2.  I elect **not** to have federal income tax withheld from my distribution.
- 3.  I elect **to have** federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable amount of my distribution amount.  
\_\_\_\_\_ % or \$ \_\_\_\_\_ .00

It is our understanding a hardship disbursement is not eligible to be rolled over. All or part of the taxable portion of your hardship disbursement may be subject to an *additional* 10% federal income tax **penalty** on early distributions, unless you qualify for an exception. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of your Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.

**Important Notice Regarding In-Service Disbursement Restrictions**

This transaction will be effective on the date that the properly completed Request for Hardship Withdrawal form is received at Prudential.

The Tax Reform Act of 1986 imposed restrictions on the disbursement of employee salary reduction contributions (elective deferrals) and any earnings on these contributions. Exceptions will only be permitted upon separation from service, attainment of age 59 1/2, death, disability (as defined in Section 72(m)(7) of the Internal Revenue Code), or hardship (if permitted by your employer's plan). These in-service disbursement restrictions will only apply to employee salary reduction contributions (and the earnings on these contributions) made after December 31, 1988, and to the earnings on the December 31, 1988, employee salary reduction account balance.

Disbursements are subject to federal income tax (plus any applicable state or local income tax). In addition, the 10% excise tax on disbursements will continue to apply to in-service disbursements or other distributions received prior to age 59 1/2, except in the following circumstances:

- (a) Death
- (b) Disability (as defined in Section 72(m)(7) of the Internal Revenue Code)
- (c) Termination of employment after age 55
- (d) Lifetime annuity benefits
- (e) For tax deductible medical expenses
- (f) Pursuant to a Qualified Domestic Relations Order

**Election For Withholding of State Income Taxes**

*(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)*

**A. Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory **AR, CA\***, **DC (mandatory for total single sum distributions only)**, **DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding)**, **CT, ME, MI (see below)**, **NC, NE, OK\***, **OR\***, **VA** or **VT\*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

- My resident state is **AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only)** and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) **Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.**
- \*My resident state is one of the following: **CA, OK, OR, \*\*VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding.  
\*\*An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.
- My resident state is **CT** and Prudential will withhold 6.99% on your taxable distribution. Please note that if you are not requesting a distribution of your entire account balance and if Form CT-W4P, *Withholding Certificate for Pension or Annuity Payments*, applies to you, please return Form CT-W4P as part of this distribution form. Form CT-W4P is available on the Department of Revenue Services (DRS) website, at [www.ct.gov/DRS](http://www.ct.gov/DRS).

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

- My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.
- My resident state is **MI** and if my payments are taxable, I wish to have **MI** state withholding based on the number of exceptions selected. I have entered the number of exemptions below:  
\_\_\_\_\_ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.
- My resident state is **MI** and I am requesting \_\_\_\_\_% additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

**B. Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

- I reside in one of the following voluntary withholding states: **AL, CO, DC (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS (voluntary except for early distributions), MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only)** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)  
\_\_\_\_\_ % or \$ \_\_\_\_\_

- I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

**C. No State Withholding:** Some states do not have state income tax withholding.

- My resident state is one of the following: **AK, FL, HI, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.
- My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

**Payment Options**

Please select a payment option below. If no selection is made, a check will be sent via regular mail.

- Regular Mail     Express Mail (The cost is \$25 per check. Prudential will deduct \$25 from your account prior to the distribution.)

**Please Note:** Express mail is not available for delivery to post office boxes.

- Electronic Funds Transfer (EFT).

If you would like your disbursement sent to you via EFT, please provide the information below.

Account Number

\_\_\_\_\_

Financial Institution Routing/Transit/ABA Number

\_\_\_\_\_

Type of Account (please choose one):

- Checking

(Must attach a voided check below, or include a letter from your financial institution signed by an authorized representative, with your name, checking account number, and ABA routing number.)

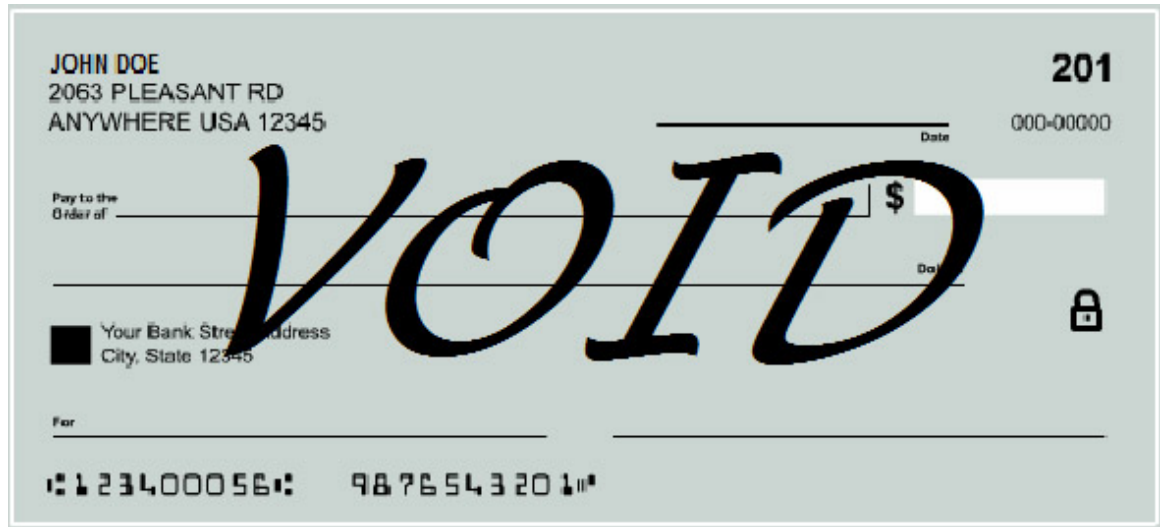
- Savings

(Must include a letter from your financial institution signed by an authorized representative, with your name, savings account number, and ABA routing number.)

**IMPORTANT:** Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- This section does not apply to your disbursement request

**Please Tape Voided Check Here (we are not able to accept starter or pre-printed temporary checks):**



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

**Certification  
of Financial  
Hardship and  
Authorization**

I certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge. I authorize representatives of my plan to verify any or all of the information submitted. I acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to personal liability. Furthermore, my employer may exercise its rights against me if damaged by false or misleading information I submit, i.e. termination or suspension. I also certify that I am eligible for distribution of funds from the Plan. I am aware this distribution will increase my taxable income for the year. I further certify that this withdrawal is necessary to satisfy the hardship described, that the amount requested is not in excess of the amount necessary to relieve the financial need, and that I have insufficient cash or other liquid assets to satisfy the need. I have read the entire Hardship Withdrawal form and application.

**As a Participant of the above-named plan, I hereby request a distribution in the form indicated above, subject to the terms of my plan. I hereby certify and represent that:**

I have obtained all currently available distribution amounts under this and any other plan of the Employer, including all in-service withdrawals from rollover and/or after tax employee contributions, and ESOP dividends (if applicable and in accordance with the Plan document). If there are additional amounts available for withdrawal under this plan other than withdrawals due to financial hardship, I acknowledge that those amounts must be paid to me first. I have read the attached **Special Tax Notice Regarding Plan Payments** and I understand the tax implications regarding this disbursement and I understand the tax implications regarding this disbursement.

I have reviewed all the information contained in the Attachment to the Hardship Withdrawal Request and believe, in good faith, that I qualify for this hardship withdrawal;

I have included in this submission the requested documentation that evidences my financial need.

**I understand that my request for a hardship withdrawal from the Plan may generally not be revoked once processed.**

**Generally, forms expire after 90 days. I understand that I may be required to complete a new form if all required information and documentation is not received before the expiration date.**

**Privacy Act Notice:**

If your employer engages the services of Prudential Retirement to qualify hardships on their behalf, this information is to be used by Prudential Retirement in determining whether you qualify for a financial hardship under your retirement Plan. It will not be disclosed outside Prudential Retirement except as required by your Plan and permitted by law for regulatory audits. You do not have to provide this information, but if you do not, your application for a hardship may be delayed or rejected.

**Consent:**

By signing below, I consent to allow Prudential Retirement to request and obtain information for the purposes of verifying my eligibility for a financial hardship under this Plan.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

**X**

\_\_\_\_\_  
**Participant's signature (REQUIRED)**

Date 

--	--	--	--	--	--	--	--	--	--

**Important  
Notice to  
Participants  
Taking a  
Hardship  
Withdrawal**

**Hardship Withdrawals and other Plan Withdrawal Options**

If your plan allows for other in-service withdrawals (e.g. age 59 1/2, after-tax withdrawal, rollover withdrawals, etc.), these must be used before a hardship withdrawal can be made. You may not request a withdrawal amount in excess of the need detailed in your hardship documentation enclosed.

**Brokerage Accounts**

If you have any of your account balance invested in brokerage accounts, then you are responsible for transferring the proceeds of funds from your brokerage account to your Prudential participant account before you request a distribution. Prudential Retirement will not automatically perform the transfer.

**Federal and State Tax Withholding**

The withdrawals you receive from your Plan are subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal Income Tax. If you elect not to have withholding apply to your withdrawal, or if you do not have enough Federal Income Tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

Note that a voluntary withholding election cannot be made involving accounts for which a name and/or taxpayer identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's (or beneficiary's) TIN is missing or incorrect.

For specific state tax withholding information, refer to the section of the form titled **"Election for Withholding of State Income Taxes."**



**Important  
Notice to  
Participants  
Taking a  
Hardship  
Withdrawal**  
*(Continued)*

**Dependent**

The definition of “dependent” is important in the application of the “deemed hardship” withdrawal standards that pertain to plans/programs. Unless a specific exception applies, a dependent must either be a “qualifying child” or a “qualifying relative”. These terms are defined as follows:

**Qualifying Child**

A qualifying child is a child or descendant of a child of the taxpayer. A child is a son, daughter, stepson, stepdaughter, adopted child or eligible foster child of the taxpayer. A qualifying child also includes a brother, sister, stepbrother or stepsister of the taxpayer or a descendant of any such relative. In addition, the individual must have the same primary place of adobe as the participant for more than half of the taxable year, the individual must not have provided over half of his own support for the calendar year, the individual must not have provided over half of his own support for the calendar year, and the individual must not have attained age 19 by the end of the calendar year. An individual who has attained age 19 but is a student who will not be 24 as of the end of the calendar year and otherwise meets the requirements above is also considered a qualifying child. Special rules apply to situations such as divorced parents, disabled individuals, citizens or nationals of other countries, etc. Please see your tax advisor for further details regarding special situations.

**Qualifying Relative**

A qualifying relative is an individual who is not the participant’s “qualifying child”, but is the participant’s: child , descendant of a child, brother, sister, stepbrother, stepsister, father, mother, ancestor of the father or mother, stepfather, stepmother, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, father-in-law, brother-in-law, or sister-in-law. An individual who is not the participant’s spouse but who shares the same primary place of adobe and is a member of the participant’s household may also be considered a qualifying relative. Regardless of the participant’s household may also be considered a qualifying relative. Regardless of the participant’s relationship to the individual, the participant must provide over half of the individual’s support for the calendar year for the that individual to be considered the participant’s qualifying relative. There are special rules for situations such as multiple support agreements, divorced or legally separated parents, custodial and non-custodial parents, etc. Please see your tax advisor for further details regarding special situations.

**Primary Beneficiary**

A “primary beneficiary under the plan” is a named beneficiary under the plan with a certain unconditional right to all or portion of the participant’s account balance upon the death of the participant.

**HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS  
MEDICAL AND DENTAL EXPENSES**

**DEFINITION**

Expenses for (or necessary to obtain) medical and dental care -- would be deductible under IRC section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income)

**Documentation Requirements**

**You must submit copies ALL documentation requirements below or your request will not be approved**

<p><b>Medical / Dental Expenses:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of <b>unpaid</b> medical/dental bill that includes <b>ALL</b> of the following:             <ul style="list-style-type: none"> <li>• Statement date within the last 60 days</li> <li>• Name of the medical/dental provider</li> <li>• Patient name (if you are not the patient, proof of dependency is required, see info below)**</li> <li>• Date(s) of service</li> <li>• Total charges</li> <li>• Total amount due after insurance is applied</li> </ul> </li> <li><input type="checkbox"/> Proof of insurance by one of the following:             <ul style="list-style-type: none"> <li>• Insurance information listed on the itemized medical/dental bill</li> <li>• Explanation of Benefits (EOB)</li> <li>• If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons</li> </ul> </li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>➤ An Explanation of Benefits (EOB) is not considered a bill</li> <li>➤ A “balance forward” does not qualify without an itemization of charges</li> </ul>	<p><b>Collection Bill / Court Order:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the <b>unpaid</b> collection bill/ court order that includes the following:             <ul style="list-style-type: none"> <li>• Statement date within the last 60 days</li> <li>• Medical/dental provider's name</li> <li>• Total amount due</li> </ul> </li> <li><input type="checkbox"/> Itemized bill from the medical/dental provider that includes the following:             <ul style="list-style-type: none"> <li>• Patient name (if you are not the patient, proof of dependency is required, see info below)**</li> <li>• Date(s) of service</li> <li>• Total charges</li> </ul> </li> <li><input type="checkbox"/> Proof of insurance by one of the following:             <ul style="list-style-type: none"> <li>• Insurance information listed on the itemized medical/dental bill</li> <li>• Explanation of Benefits (EOB)</li> <li>• If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons.</li> </ul> </li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>➤ Must be able to match the itemized bill with the collection bill/court order</li> </ul>	<p><b>Future Treatment Plan:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of a treatment plan on the medical/ dental provider's letterhead that includes <b>ALL</b> of the following:             <ul style="list-style-type: none"> <li>• Statement date within the last 60 days</li> <li>• Name of the medical/dental provider</li> <li>• Patient name (if you are not the patient, proof of dependency is required, see info below)**</li> <li>• Total amount of the procedure</li> <li>• Estimated amount insurance will cover</li> <li>• Amount due by patient after insurance portion is paid</li> <li>• A statement specifying <u>“the payment is due at time of service”</u></li> <li>• Signature and title from a medical/dental provider representative</li> </ul> </li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>Long Term Care Services:</b></p> <p>Services which include necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services &amp; maintenance of personal care services. To qualify, these services must be required by a chronically ill individual &amp; provided under a plan prescribed by a licensed health care practitioner.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the <b>unpaid</b> bill on the medical provider's letterhead that must include:             <ul style="list-style-type: none"> <li>• Statement date within the last 60 days</li> <li>• Patient name (if you are not the patient, proof of dependency is required, see info below)**</li> <li>• Total amount due after insurance is applied</li> <li>• By submission of these documents I am certifying that these long term care services qualify under IRC section 7702(B)(b)</li> </ul> </li> <li><input type="checkbox"/> Copy of the contract referring to long term care services</li> </ul>	<p><b>Insurance Premiums for Medical Expenses or Premiums for Long Term Care Services:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the <b>unpaid</b> bill for premiums on the insurance company's letterhead, that must include:             <ul style="list-style-type: none"> <li>• Statement date within the last 60 days</li> <li>• Your name listed as the policy holder (if your name is not listed, proof of dependency is required, see info below)**</li> <li>• Premium amount (Ex: monthly, quarterly, etc.)</li> <li>• The period the premium will cover</li> <li>• Total amount due now</li> <li>• By submission of these documents I am certifying that these insurance premiums qualify under IRC section 213(d)(1)(D)</li> </ul> </li> <li><input type="checkbox"/> Documentation from the insurance company identifying the individuals covered. (Ex: Policy coverage sheet, health card, etc.)</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I am requesting this amount due to my (please check one, complete as necessary):

**\*\*You must include the required documents for proof of dependency if not for your own expenses**

- Own medical/dental expenses
- Spouse's medical/dental expenses (1<sup>st</sup> page of your most recent 1040 US income tax return required)
- Dependent's medical/dental expenses (Your child's birth/adoption certificate or the 1<sup>st</sup> page of your most recent 1040 US income tax return)  
\*If your child is **over the age of 18** at the time of service, your most recent 1040 US income tax return is **required**
- Primary Beneficiary (The individual must match the beneficiary information we have on file OR a new Beneficiary Designation must be executed and submitted)  
Dependent Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Proof of Hardship:

## Medical or Dental (example)

	<b>PATIENT NAME</b> John Doe	<b>ACCT #</b> E54 1234	
Emergency Physicians 123 Hospital Lane Medicine, OH 32145 ADDRESS SERVICE REQUESTED  <b>Provider Information</b>	Provide the name of the patient (if you are not the patient, proof of dependency is required)	<b>MASTERCARD OR VISA FILL OUT BELOW</b>	
		<input checked="" type="checkbox"/> <b>VISA</b>	<input type="checkbox"/>
	<b>SIGNATURE</b>	<b>CODE ON BANK</b>	<b>AMOUNT</b>
	<b>STATEMENT DATE</b> 03/02/16	<b>PAY THIS AMOUNT</b> 20.99	<b>PAST DUE DATE</b> 03/20/16
	Current dated (within 60 days)	<b>CHECK PAYABLE AND REMIT TO:</b>	

**ADDRESSEE:**

John Doe  
 456 Circle Lane  
 Medicine, OH 32145

▼

**Emergency Physicians**  
 123 Hospital Lane  
 Medicine, OH 32145

Please  if address or insurance information has changed. Make changes on reverse side.

**PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT      RETAIN THE BOTTOM PORTION FOR YOUR RECORDS**

PLEASE MAKE A COPY OF THIS ENTIRE PAGE IF NEEDED FOR INSURANCE

**THERE IS A \$10.00 SERVICE CHARGE FOR ALL RETURNED CHECKS**

IF SERVICES WERE RENDERED AT THE HOSPITAL, THIS BILL IS SEPARATE FROM YOUR HOSPITAL BILL

**BILLING OFFICE HOURS: 8AM to 5PM**

TAX ID# ▶ 12-4565218600

Attending Physician ▶ Bentley, Earl M.

Account Number ▶ E54 1234

Patient Name ▶ John Doe

Phone ▶ 800-111-6655

Para Espanol ▶ 800-611-6655

Referring Doctor ▶ Bentley, Earl M.

Service Provider ▶ AD REGIONAL MEDICAL CT

Statement Date ▶ 03/02/09

DATE	POS	DIAGNOSIS	DESCRIPTION OF SERVICES	AMOUNT
01/09/16	23		99284 LEVEL 4 EMERGENCY, PHYS	306.00
01/09/16	23		94760/26 PULSE OXIMETRY/SINGLE	24.00
01/09/16	23		99053 SERVICES 10:00 PM AND 8 00 AM	27.00
02/13/16			971 CONTRACTED INS CARRIER Pp	188.92-
02/13/16			871 PPO/HMO CONTRACTED INS A	147.09-
02/13/16			DOS: 01/09/09 - BLUE CROSS	

Date(s) of service

Itemization of charges, insurance and payments

YOUR INSURANCE HAS PAID THEIR PORTION OF THE ABOVE CHARGES. THE BALANCE DUE IS YOUR RESPONSIBILITY. THANK YOU.

Si seguro médico ha pagado su porción. El saldo restante es su responsabilidad. Gracias.

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

<b>EMPLOYER</b>	<b>PRIMARY INSURANCE</b> BLUE CROSS	<b>INJURY DATE</b>	<b>ADMISSION DATE</b>	<b>DISCHARGE DATE</b>	<b>BALANCE DUE</b> 20.99
-----------------	----------------------------------------	--------------------	-----------------------	-----------------------	-----------------------------

Unpaid balance due

POS (Place of Service Codes)

1 - Inpatient Hospital    2 - Outpatient Hospital    3 - Doctors Office    4 - Emergency Room

**SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

**Retain for Your Records**

**This notice is provided to you by Prudential Financial, Inc., on behalf of the plan administrator {"Plan Administrator"}.**

**Right to Defer Distributions from Defined Contribution Plans**

You may be eligible to receive a distribution from your employer's retirement plan now. Instead of taking a distribution now, you may elect to defer receiving a distribution until a later date -- typically as late as age 70½. (If your account balance does not exceed \$5,000 (or the amount of your plan's cashout threshold), you may not have a right to defer payment.) If you defer receiving a distribution, the plan investment options available to you thereafter (including related fees) generally will be the same as those available to active employees. However, certain plan features, such as the right to repay or take a loan from the plan, may not be available if you have terminated employment. Please refer to your summary plan description and fund fact sheets for more information about plan investment options, investment related expenses, any plan restrictions or charges applicable to terminated employees, payment options, and any other special rules that may impact your distribution decision. If you elect to receive a distribution that you roll over to another eligible retirement plan such as an IRA, the investment options offered under your current employer's plan (e.g., mutual funds, employer stock) may not be available to you or, if available, are likely to carry higher expenses if transferred to an IRA. If you elect to receive a distribution but do not roll it over to another eligible retirement plan, such action triggers taxation (possibly including a 10% penalty), results in loss of future tax-deferred earnings (if any) and may diminish the funds available to you for retirement purposes. For additional information about plan investment options (and related fees), plan restrictions or charges applicable to terminated employees who defer receiving a distribution, or if you have other questions regarding your right to defer a distribution, and the consequences of failing to defer, please contact Prudential at the number provided on your benefit statement.

**For Payments Not From a Designated Roth Account**

This notice describes the rollover rules that apply to payments from your employer's plan (the "Plan") that are not from a designated Roth account (a type of account with special tax rules in some employer plans). A different notice is provided for payments from a designated Roth account.

**YOUR ROLLOVER OPTIONS**

This notice is provided to you because all or part of the payments that you may receive from the Plan may be eligible for rollover to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover. If you have additional questions after reading this notice, you can contact your Plan Administrator.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

**GENERAL INFORMATION ABOUT ROLLOVERS**

**How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

**What types of retirement accounts and plans may accept my rollover?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

**How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover. If you do a direct rollover, the Plan will make the payment directly to your IRA or an

employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

**How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Required minimum distributions after age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) or after death;
- Hardship distributions;
- ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends);
- Cost of life insurance paid by the Plan;
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution; and
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan Administrator or the payor can tell you what portion of a payment is eligible for rollover.

**If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments of up to \$5,000 made to you within one year after the birth or adoption of a child;
- Payments made due to disability;
- Payments after your death;
- Payments of ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Cost of life insurance paid by the Plan;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses;

- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days;
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution;
- Payments for certain distributions relating to certain federally declared disasters; and
- Phased retirement payments made to federal employees.

#### **If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

#### **Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

### **SPECIAL RULES AND OPTIONS**

#### **If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

#### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

#### **If your payment includes employer stock that you do not roll over**

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan Administrator can tell you the amount of any net unrealized appreciation.

#### **If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the outstanding amount of the loan, typically when your employment ends. The offset amount is treated as a distribution to you at the time of the offset. Generally, you may roll over all or any portion of the offset amount. Any offset amount that is not rolled over will be taxed (including the 10% additional income tax on early distributions, unless an exception applies). You may roll over offset amounts to an IRA or an employer plan (if the terms of the employer plan permit the plan to receive plan loan offset rollovers).

How long you have to complete the rollover depends on what kind of plan loan offset you have. If you have a qualified plan loan offset, you will have until your tax return due date (including extensions) for the tax year during which the offset occurs to complete your rollover. A qualified plan loan offset occurs when a plan loan in good standing is offset because your employer plan terminates, or because you sever from employment. If your plan loan offset occurs for any other reason, then you have 60 days from the date the offset occurs to complete your rollover.

#### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

#### **If you are an eligible retired public safety officer and your payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

#### **If you roll over your payment to a Roth IRA**

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

#### **If you do a rollover to a designated Roth account in the Plan**

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you may be able to roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59½ (or after your death or disability) and after you have had a designated Roth account. However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies).

#### **If you are not a Plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if born before July 1, 1949) or age 72 (if born after June 30, 1949).

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan Administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000, or the amount of your plan's cashout threshold (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at [www.irs.gov](http://www.irs.gov).

If you expatriate from the U.S., you may be subject to special rules, and should consult with your personal tax advisor to determine if you are required to provide Prudential with IRS Form W-8CE.

### **FOR MORE INFORMATION**

You may wish to consult with the Plan Administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

You can easily print this notice using your computer's print function. However, if you would like us to provide you a printed copy, please contact us at 877-778-2100 and we will mail you one, free of charge. Note that you will need to complete the authentication process when you call so we can be sure to send you the correct version for your plan.