Exhibit J

Sample Explanation of Benefits

Prudential Financial

The Prudential Insurance Company of America
National Account Operations
Millville, New Jersey 08332

If you have any questions about this claim, or wish a review of the decision, please contact

Group Life Claim Division
P.O. Box 1215
Newark, NJ 07101-1215

GROUP LIFE INSURANCE
EXPLANATION OF BENEFITS

DEATH BENEFIT

Insured
JOHN C DOE

Pay to
JANE E DOE

JOAN SMITH - GC
EASTERN INTERNATIONAL
1111 PARIS STREET
LOS ANGELES CA 91110-0000

Date	January 10, 2002
Control No.	56789
Claim No.	00000000
Insured ID	111-11-1111

Check Amount	$121,047.34
Check No.	0225096

ATTACHED IS OUR CHECK IN PAYMENT OF THIS CLAIM. CLAIM INTEREST OF $547.34 IS INCLUDED.
DEATH CLAIM BENEFITS THAT BECOME PAYABLE UNDER THE TERMS OF THE GROUP POLICY INCLUDE INTEREST AT THE RATE OF 3% FROM THE DATE OF THE INSURED'S DEATH.

JANE E DOE - ADDRESSEE
111 ANY STREET
NO WHERE USA 12345

Detach and save for your records

Prudential Financial

The Prudential Insurance Company of America
National Account Operations
Millville, New Jersey 08332

096 0225096

7277-09

62-26
311

NOT NEGOTIABLE

CHASE MANHATTAN BANK DELAWARE
WILMINGTON, DELAWARE

JANUARY 10, 2002

Control No.	11111
Insured	JOHN C DOE
Insured ID	111-11-1111

Pay Exactly *$121047* Dollars 34 Cents *$121047*34*

To The Order Of JANE E DOE ***

ED 3-92

COPY

This is not a check

2000 10:11 AM FR UPS 410 560 4325 TO 95486102 P.02

Prudential Insurance Company of America
Disability Claim Services Provider

Explanation of Benefit U (1 OF 1)

DISABILITY MANAGEMENT SERVICES
PO BOX 2300
PARSIPPANY NJ 07054
800-842-1718

Date March 21, 2000

CNTRL#
CLAIM#
ID#

DESCRIPTION	AMOUNT	FROM	TO
Claim Benefits	496.74	03/01/2000	03/23/2000

BENEFIT AMOUNT	496.74
LESS OFFSET	0.00
	496.74
LESS ADJUSTMENTS	0.00
	496.74
LESS DEDUCTIONS	0.00
AMOUNT PAYABLE	496.74

Date: March 21, 2000

0840640973

****FOUR HUNDRED NINETY SIX DOLLARS AND 74 CENTS****

Chase Manhattan Bank Delaware
1201 Market Street
Wilmington, Delaware 19801

Control#: 0[illegible]4951 Claim#: 1025[illegible]26
Claimant: MELANIE PHARR

$ 496.74

MS 3887

NOT NEGOTIABL

Prudential Financial

The Prudential Insurance Company of America
Long Term Care Customer Service Center
PO Box 8519
Philadelphia, PA 19101

EXPLANATION OF BENEFITS STATEMENT

Name:
Address:

Date: 02/07/2007
Claim:

Insureds Name:
Participant #:

NAME OF PROVIDER	DATES OF SERVICE FROM	TO	TOTAL CHARGE	INELIGIBLE/ DEDUCTIBLE AMOUNT	APPROVED AMOUNT
				TOTAL BENEFIT	

IF YOU WISH A REVIEW OF HOW THIS CLAIM WAS PROCESSED OR IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT:

The Prudential Insurance Company of America
Long Term Care Customer Service Center
Post Office Box 8519
Philadelphia, PA 19101

OR CALL US AT 1-800-732-0416

THIS IS NOT A BILL