NJEA Endorsed Disability Insurance Program

Issued by The Prudential Insurance Company of America

Questions? Please call 800-727-3414
Fax: 732-918-2001

Enrollment Form

Please print all information clearly in the sections below and return in the enclosed postage-paid envelope. Coverage will begin on the first day of the month after collection of one full monthly payroll deduction, provided you are actively at work. A disability that begins during the first 12 months of coverage and is due to a pre-existing condition is excluded. Your monthly deduction will be based on the benefit amount you elect.

NJEA Member Information

Last Name	First Name	Middle I.	Date of Birth (Mo/Day/Yr) / /	Social Security Number – –
Home Address—Street		City	State	ZIP Code
Home Phone Number ( )	Employment Date (Mo/Day/Yr) / /	Annual Salary	Occupation	Sex ☐ M ☐ F
Email Address				
Present School District Name	County	Name of School	District Last Year	County Last Year

Are you employed at least 15 hours per week?	☐ Yes	☐ No	
Are you actively at work on the date of this enrollment?	☐ Yes	☐ No	
Are you an active NJEA member?	☐ Yes	☐ No	If no, please call 609-599-4561 for membership information.
Are you returning from a leave of absence?	☐ Yes	☐ No	If yes, please explain:

Plan Information

The maximum Monthly Benefit Amount must be in $100 increments from $500 to $6,500 but not more than 66⅔% of your salary (from the Board of Education, or from NJEA if a NJEA employee). If the Monthly Benefit Amount you indicate below exceeds your allowable maximum, your Monthly Benefit Amount will be limited to your maximum. Please note that the monthly benefit amount may be reduced by other sources.

☐ **New Enrollment** ☐ **Plan Change** ☐ **District Transfer**

☐ **PruProtect**
(disability coverage up to 6 months)
Monthly Benefit Amount:
$ ___________________

☐ **PruProtect Two-Year**
(disability coverage up to 2 years)
Monthly Benefit Amount:
$ ___________________

☐ **PruProtect Plus**
(disability coverage up to age 65)
Elimination Period:
☐ 14 Days ☐ 30 Days ☐ 90 Days ☐ 180 Days
Monthly Benefit Amount: $ ___________________

Authorization

I am enrolling for coverage and authorize my employer to deduct my contributions for the NJEA Endorsed Disability Insurance Program from my earnings until further notice. I understand if I desire to increase the amount of my insurance, I may be required to furnish evidence of good health. **A disability that begins during the first 12 months of coverage and is due to a pre-existing condition is excluded.** I declare that the statements above are true, and understand they are the basis for determining my monthly contribution for coverage.

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. This notice ONLY applies to disability income coverage.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

✘ ______________________________   ____/____/____
NJEA Member Signature   *Date Signed (Mo., Day, Yr.)*

For Company Use Only:

School District ID#	School Meeting Date (Mo./Day/Yr.)	Effective Date (Mo./Day/Yr.)	Initial Monthly Deduction	Representative Number
	/ /	/ /	$	

Important Notice

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, 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.

New Jersey Residents–Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pennsylvania 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.

Questions? Please call 800-727-3414

Please mail or fax form to: Educators Insurance Services, 4000 Rte. 66, Suite 144, Tinton Falls, NJ 07753

Please mail or fax forms to: 732-918-2001

*A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, or prescribed drugs or medicines or followed treatment recommendations during the 12 months prior to your effective date of coverage.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York Department of Financial Services.

PruProtect Six-Month, PruProtect Two-Year and **PruProtect Plus** short and long-term disability insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial Company, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: 83500.

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