Prudential

NJEA INCOME PROTECTION PLUS

Disability Income Insurance and Critical Illness Insurance

Issued by The Prudential Insurance Company of America

Enrollment Form

Questions? Please call 800-727-3414, Option 3 Fax: 732-918-2001

Mailing: Print all information clearly in the sections below and return in the enclosed postage-paid envelope.

Faxing: Make sure to fax the front and back side of the form.

* A **Disability** that begins during the first 12 months of coverage and is due to a pre-existing condition is excluded.
* A **Critical Illness** that begins during the first 6 months of coverage and is due to a pre-existing condition is excluded.

NJEA Member Information

Coverage will begin on the first day of the month after collection of one full monthly payroll deduction, provided you are actively at work. Your monthly deduction will be based on the benefit amount you elect.

Last Name	First Name	MI	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 an active NJEA member employed at least 15 hours per week? ☐ Yes ☐ No If no, please call 609-599-4561 for membership information.

Are you actively at work on the date of this enrollment? ☐ Yes ☐ No

Are you returning from a leave of absence? ☐ Yes ☐ No If yes, please explain:

Do all persons to be insured in Critical Illness coverage have at least major medical insurance also known as "minimum essential coverage"?

Employee ☐ Yes ☐ No Spouse ☐ Yes ☐ No Child ☐ Yes ☐ No

☐ New Disability Enrollment ☐ New Critical Illness Enrollment ☐ Plan Change ☐ District Transfer

Disability Income Insurance

The maximum Monthly Benefit Amount must be in $100 increments from $500 to $6,500 but not more than 66⅔% of your salary. 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.

☐ PruProtect (disability coverage up to 6 months)	☐ PruProtect Two-Year (disability coverage up to 2 years)	☐ PruProtect Plus (disability coverage up to age 65)
Elimination Period:	Elimination Period:	Elimination Period:
☐ 14 Days ☐ 60 Days	☐ 14 Days ☐ 60 Days	☐ 14 Days ☐ 30 Days ☐ 90 Days ☐ 180 Days
Monthly Benefit Amount: $ _____	Monthly Benefit Amount: $ _____	Monthly Benefit Amount: $ _____

Critical Illness Insurance

☐ Employee: Employee amount: $ _____ ☐ Spouse: Spouse amount: $ _____ ☐ Child: Child amount: $ _____

Authorization

I am enrolling for coverage and authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand if I desire to increase the amount of my insurance or insurance for my Dependent(s), I may be required to furnish evidence of good health for myself and/or my dependent(s). I declare that the statements above are true, and understand they are the basis for determining my monthly contribution for coverage. I have received and reviewed the required Critical Illness Outline of Coverage prior to making my enrollment elections.

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 accident, health and 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.)

The Group Certificate provides limited benefits. Review your Group Certificate carefully.

For Company Use Only:

School District ID#	School Meeting Date (Mo./Day/Yr.) / /	Effective Date (Mo./Day/Yr.) / /	Initial Monthly Deduction $	Representative Number 111

Questions? Please call 800-727-3414, Option 3

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

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Important Notices

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.

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*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 3 months prior to your effective date of Disability coverage or 6 months prior to your effective date of Critical Illness coverage.

A **Disability** that begins during the first 12 months of coverage and is due to a pre-existing condition is excluded.

A **Critical Illness** that begins during the first 6 months of coverage and is due to a pre-existing condition is excluded.

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

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 New Jersey company, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. Contract provisions may vary by state. Contract series: 83500 (Term Life), California COA# 1179, NAIC# 68241

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Prudential's Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical and medical expenses and does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. California COA #1179, NAIC #68241. Contract Series: 114774.