

Applying for coverage is quick and easy.

Enroll yourself after an enrollment meeting at your school:

- Fill out the enrollment form and give it to the Educators Insurance Services representative at the meeting.
- Or mail the enrollment form in the enclosed business reply envelope.
- Or scan the enrollment form and email it to info@educators-insurance.com.
- Or fax the form to **732-918-2001**.

Enroll yourself, your spouse, and eligible dependent children:

Fill out and return the enclosed enrollment form.

Please note: You must be enrolled in the Plan to enroll your spouse or children.

Questions?

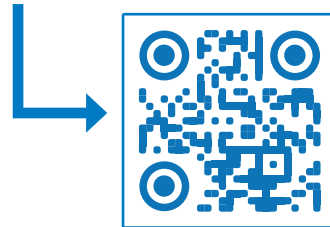
If you have questions about enrollment, please call your Educators Insurance Services representative at **800-704-1365**.

Educators Insurance Services
4000 Route 66, Suite 144
Tinton Falls, NJ 07753-7300

For questions about claims or premium payments, call **800-637-4636**.

Email us: info@educators-insurance.com

Visit <http://www.educators-insurance.com>



¹LIMRA Facts about Life 2021; Workplace Benefits, 9/2021.

²Issuance of coverage may depend upon answers to health-related questions on the enrollment form.

³Accelerated Death Benefit option is a feature that is made available to Group Life Insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill. You may wish to seek professional tax advice before exercising this option.

⁴Eligible child coverage begins at 14 days until age 21, or until age 25 if unmarried and fully dependent on your support.

Group Life and Disability Income Medical Underwriting NOTICE—Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage, we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice is being provided to inform you of certain information practices Prudential engages in, and your rights, with regard to your personal information. We would like you to know that personal information may be collected from persons other than yourself or other individuals, if applicable, proposed for coverage. This personal information as well as other personal or privileged information subsequently collected by us may in certain circumstances be disclosed to third parties without authorization only as permitted by law. Examples of these disclosures would include cases of regulatory audit or subpoena/litigation, or where we employ a third party vendor on our behalf under a written contract requiring them to maintain the information in confidence and use the information only for our business purposes in administering the case. We would not use this information or allow another party to use this information for marketing purposes unless we had your signed authorization. You have a right of access and correction with respect to personal information we collect about you; and upon request from you, we will provide you with a more detailed notice of our information practices and your rights with respect to such information. Should you wish to receive this notice, please contact: The Prudential Insurance Company of America, Group Medical Underwriting, P.O. Box 8796, Philadelphia, PA 19176. Any information we obtain about a person's insurability will be treated as confidential.

Please keep this notice for your records.

NEA Group Term Life Insurance is issued by The Prudential Insurance Company of America, Newark, NJ. This brochure is intended to be a summary of your benefits and may not include all policy provisions, exclusions, and limitations. A certificate, with complete policy information, including limitations and exclusions, will be provided. If there is a discrepancy between this document and the certificate issued by Prudential, the terms of the certificate will govern. Contract Series: 83500.

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NATIONAL
EDUCATION
ASSOCIATION

NEA GROUP TERM LIFE

Developed exclusively
for NJEA members

Group Term Life Insurance coverage issued by
The Prudential Insurance Company of America.

- Coverage available for members, spouses, and children
- Higher coverage amounts available at affordable member rates



NEA Group Term Life

You're their rock. We're here to be yours.

If something were to happen to you, would your family be able to maintain their current standard of living? Do you have enough savings or assets to pay outstanding loans or credit cards and other debts? If you have children, will they be able to afford college?

The NEA Group Term Life plan helps to provide an **easy, affordable way to help protect your family's financial future.**

You'll pay exclusive competitive member rates.

Because we're 3 million members strong, the NEA had a unique opportunity to work closely with **The Prudential Insurance Company of America** to negotiate an exclusive deal on this valuable coverage.

Is your life insurance from your school district enough?

Did you know that almost half of households (48%) that only have workplace life insurance coverage say their families would struggle financially in less than six months should a wage earner die unexpectedly?¹

Many NEA members carry only the life insurance from their school district, which may not be enough. In New Jersey, your district coverage typically represents 3 to 3½ times your annual salary. And you may lose that benefit if you change jobs.

The NEA Members Insurance Trust developed the NEA Group Term Life Plan to help supplement your district's coverage and provide the added financial safety net your family deserves. **Your NEA Group Term Life coverage is completely portable.** And as an NEA member, you can take this coverage with you if you change jobs. If you lose your job, NEA Members Insurance Trust will pay your premiums for up to 12 months.

You can choose your coverage amount.

NEA Group Term Life is flexible, allowing you to choose just the amount of coverage to fit your family's needs. We recommend coverage of \$50,000 or \$100,000.

If you're age 54 or younger, you are eligible to apply for \$200,000 in coverage through an easy enrollment process. Higher coverage amounts are also available.

Please call **800-704-1365** for more information.



NEA Group Term Life Plan Key Features:

- **Affordable group rates for members, their spouses, and dependent children**
- **Easy enrollment**
Complete the enclosed form. It takes only about a minute and no medical exam is required in most cases.² (If one is deemed necessary, we provide it free of charge.)
- **Waiver of premium if you lose your job**
NEA Members Insurance Trust will pay your Group Term Life Premiums for up to 12 months, as long as you remain a member.
- **Accelerated benefit if diagnosed with terminal illness³**
Receive up to 50% of your coverage amount to cover necessary expenses.
- **Keep coverage for as long as you remain a member**
Even if you develop a health condition that might affect terms or availability of a new policy, you can stay in this plan at the group rate.



As an NEA member, you'll pay exclusive rates for life insurance

Member Monthly Costs			
Member's Age	\$50,000 Coverage	\$100,000 Coverage	\$200,000 Coverage
Under 25	\$ 2.75	\$ 4.81	\$ 9.49
25-29	2.30	4.00	7.78
30-34	2.39	4.18	8.05
35-39	2.84	4.99	9.76
40-44	3.82	6.88	13.63
45-49	5.71	10.39	20.55
50-54	8.68	15.87	31.52
55-59	13.27	24.24	48.16
60-64	21.18	38.80	77.38
65-69	35.30	64.97	129.71
70-74*	31.25	57.51	114.79
75-79*	11.38	20.82	41.50
80-84*	20.01	36.74	73.24
85+*	66.86	123.06	245.98

Spouse Monthly Costs			
Spouse benefit cannot exceed 50% of the member amount.			
Spouse's Age	\$25,000 Coverage	\$50,000 Coverage	\$100,000 Coverage
Under 25	\$ 2.07	\$ 2.70	\$ 5.04
25-29	1.53	2.07	3.78
30-34	1.44	1.89	3.51
35-39	1.71	2.25	4.23
40-44	2.43	3.15	5.84
45-49	3.69	4.86	8.90
50-54	5.66	7.46	13.67
55-59	8.63	11.33	20.95
60-64	13.67	17.89	33.00
65-69	23.29	30.48	56.29
70-74*	20.59	27.07	49.91
75-79*	7.37	9.71	17.89
80-84*	13.04	17.08	31.56
85+*	43.07	56.38	104.04

*Benefits reduce to half the initial amount at age 70 and then to 10% of the initial amount at age 75.

Things to know about these rates

These charts reflect rates effective May 1, 2024, for non-smokers. Rates are based on the applicant's age at the time payment is due. The amount due for your coverage will change as you enter a higher age category. Rates may change if plan experience requires a change for all insureds. Spouse rates also apply to domestic partners and/or registered domestic partners.

Dependent child life insurance rates
For less than a dollar a month, you can insure each of your eligible dependent children with \$10,000 of term life insurance.⁴ That's 99 cents per month, no matter how many children you have. There's no waiting period, and no medical exam is required.

NEA GROUP TERM LIFE ENROLLMENT FORM

COVERAGE ISSUED BY THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

80267-Q GTNJ2223

ANY QUESTIONS? Please call 1-800-704-1365

077042010101

Please use blue or black ink only. ALL FIELDS ARE REQUIRED. An incomplete enrollment form will delay the processing of your form.

1. Please tell us about yourself:

Rep Code: 736 Member's Soc. Security # _____ - _____ - _____ Current Coverage Amount (if applicable) \$ _____
 First and Last Name _____ Street Address _____
 City _____ State _____ Zip _____ Date of Birth ____ / ____ / ____ Gender Female Male
 Height ____ ft. ____ in. Weight _____ lbs. Phone # (____) _____ - _____ Home E-mail _____

2. Please check who you want to protect:

Member only: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 Tobacco product use in the past 24 months: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If not answered you will be billed higher smoker rates.)</small>	Add my spouse*: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 Tobacco product use in the past 24 months: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If not answered you will be billed higher smoker rates.)</small>
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Add my eligible child(ren) Coverage Yes No
Coverage Amount: \$10,000 each child

Number of eligible children _____

Name	Date of Birth

Members and/or *spouse must be age 64 or under to apply for \$100,000 or \$50,000 of coverage on this form. Must be age 54 or under to apply for \$200,000 of coverage on this form.

*Includes domestic partner or registered domestic partner. Spouse cannot enroll for Group Term Life coverage unless member enrolls or already has Group Term Life coverage. Spouse/Domestic Partner coverage amount cannot exceed 50% of the Member's coverage amount.

(Complete only if requesting coverage for spouse)

*Spouse's Name _____ Date of Birth ____ / ____ / ____ Female Male
 Height ____ ft. ____ in. Weight _____ lbs. Spouse's Soc. Security # _____ - _____

3. Select your payment option:

Pay now electronically: Mastercard Visa Account #: _____ Exp. Date: _____
 Checking account Bank's Transit number _____ Bank Account #: _____

I authorize the NEA Members Insurance Trust to automatically post my monthly premium to my account or credit card on the first business day of the month. I also authorize my financial institution to pay from my account accordingly. If my premium changes, **I will be notified** and my payment amount will be adjusted accordingly.

Bill me. You will be billed quarterly, which may be slightly higher than three times the monthly rate.

4. Please read, complete, sign and date:

Authorization for the Release of Information. This authorization is intended to comply with the HIPAA Privacy Rule. I authorize and instruct any health plan, physician, health care professional, hospital, clinic, laboratory, medical facility, pharmacy benefit manager, retail pharmacy, clearinghouse, data warehouse or other comparable organization that aggregates and maintains pharmacy data, or other health care provider that has provided treatment or services to me within the past 5 years ("My Providers") to disclose my entire medical record and any other health information concerning me to The Prudential Insurance Company of America ("Prudential"). This includes information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection (In Vermont and Wisconsin, this information is excluded) and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made to restrict the disclosure of health information do not apply to this Authorization and I instruct any of My Providers to release and disclose my entire medical record without restriction, including without limitation any restrictions on health care items or services for which a health care provider has been paid out of pocket in full.

This health information is to be disclosed under this Authorization so that Prudential may: 1) underwrite an application for coverage and make risk determinations; 2) administer coverage; and 3) conduct other legally permissible activities that relate to any coverage I have or have applied for with Prudential. This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original.

I understand that I have the right to revoke this Authorization in writing, at any time, by sending a signed request for revocation to The Prudential Insurance Company of America;

Group Medical Underwriting, P.O. Box 8796, Philadelphia, PA 19176, Attention: Senior Medical Underwriting Consultant. I understand that such a revocation is not effective to the extent that Prudential has taken action in reliance on this Authorization or to the extent that Prudential has a legal right to contest a claim under the insurance contract or to contest the contract itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed to other parties and will not be protected by the HIPAA Privacy Rule. (In Montana only, I may request a record of any subsequent disclosures of protected health information). I understand that if I refuse to sign this Authorization to release my entire medical record and any other health information concerning me, Prudential may not be able to process an application for coverage. I understand that I have the right to request and receive a copy of this Authorization.

I/We declare by signing this form that all the information I/We have provided is complete and true, and understand that it is the basis of providing insurance under a contract(s) issued by The Prudential Insurance Company of America to the NEA Members Insurance Trust. **I/We have never been diagnosed with, or taken medications for any of the following: heart disease or disorder, high blood pressure, cancer or tumors, lung, liver, or kidney disease or disorder, diabetes, disease or disorder of the brain or nervous system, disorder or disease of the immune system or mental disorder.** I certify by signing this Enrollment Form that I am currently an Active, Education Support, Life, Retired, Reserved, Student, Substitute, or Staff member in good standing of the National Education Association. I/We understand that if any statement is found to be inaccurate, it may adversely impact my benefits. I/We understand that if ineligible for the coverage amount requested, I/We will be issued any amount of coverage for which I /We am/are approved.

We cannot process your Enrollment Form without your signature. Please indicate the date the Enrollment Form is signed.

<input checked="" type="checkbox"/> _____ Member's Signature	_____ Today's Date (MM/DD/YYYY)
<input checked="" type="checkbox"/> _____ *Spouse's Signature (if enrolling)	_____ Today's Date (MM/DD/YYYY)

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BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1142 NEWMARK, NJ
 POSTAGE WILL BE PAID BY ADDRESSEE

EDUCATORS INSURANCE SERVICES
 4000 STATE ROUTE 66 STE 144
 NEPTUNE NJ 07753-9910

NO POSTAGE
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 IF MAILED
 IN THE
 UNITED STATES

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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.

If you are approved for coverage, you may change your payment mode to semi-annual or annual at any time. Monthly billing is available through Electronic Funds Transfer (EFT) or Credit Card. You have 30 days to review your Certificate of Insurance. If you are in any way dissatisfied, you can return it within this time period, as long as you have not submitted a claim. Your coverage is effective on the first day of the month following The Prudential Insurance Company of America's approval of your Enrollment Form. Subject to receipt of your first premium payment.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill. You may wish to seek professional tax advice before exercising this option.

Please Note: You can name your Beneficiary once you receive your issuance materials. Assign your Beneficiary online at neamb.com/myaccount, or complete and return the Beneficiary Designation Form included in your issuance packet. Any amount of insurance for which there is no Beneficiary at your death will be payable to the first of the following: (a) surviving spouse or registered domestic partner; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate.

Simply mail your Enrollment Form in the enclosed prepaid envelope to:
Educators Insurance Services, 4000 Route 66, Suite 144 Tinton Falls, NJ 07753-7300
or fax enrollment form to 732 918-2001



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NEA Group Term Life Insurance is issued by The Prudential Insurance Company of America, Newark, New Jersey. 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. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract Series 83500.

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