One Court Square
Long Island City, NY 11120

T 800 535 2711
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NATIONAL BENEFIT LIFE INSURANCE COMPANY
STATE DISABILITY SPECIALISTS

CONSENT OF EMPLOYEES TO INSURED PRIVATE PLAN

EMPLOYEES OF _____

I elect to be covered under my employer's Insured Private Plan of Temporary Disability Benefits, underwritten by National Benefit Life Insurance Company. I authorize my employer to deduct from my earnings my contribution, which shall not exceed the deduction which otherwise would be made in accordance with the New Jersey Temporary Disability Benefit Law if I were not covered under such Private Plan. The law provides that when a majority of the employees to be covered agree to the Plan outlined above, all eligible employees automatically become covered.

TOTAL NUMBER OF EMPLOYEES _____ **DATE OF ELECTION** _____

SIGNATURE	SIGNATURE	SIGNATURE

TDB-CF