



CONSENT OF PRIVATE PLAN FOR THE EMPLOYEES OF:

I elect to be covered under my employer's Insurance 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.

NAME (PRINT)

SIGNATURE

DATE SIGNED