Arch
Insurance Group®

Employees of: _____

Consent of Employees to Insured Private Plan to Become Effective: _____

Election was held on: _____

I elect to be covered under my employer's insured private plan under the New Jersey Temporary Disability Benefits Law, insured by Arch 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 outline above, all eligible employees automatically become covered.

Employees Signatures: