New Jersey Temporary Disability Benefits

PROPSOED PRIVATE CAR	PROPSOED PRIVATE CARRIER			
The Standard Life Insurance Company of New York				
EMPLOYER INFORMATION				
Company Name				
EMPLOYEE INFORMATION				
Employee Name				
ELECTION HIGHLIGHTS				
Participation in the New Jersey Temporary Disability Benefits is the law. Currently, the Company plan is with the State of New Jersey. The law provides that when a majority of the employees to be covered agree to move to a Private Plan, all eligible employees automatically become covered.				
Co	ompare Plan Features	Private Carrier	NJ State Provided Plan	
• Sa	me or lower cost	Yes	No	
• Be	nefits paid may be 100% tax free	Yes	No	
	erage claims turnaround time: 2 days to a week	Yes	No	
• Cla	aims paid weekly	Yes	No	
• Pe	rsonalized claims service – ability to speak with a case's ims representative	Yes	No	
• Ac	cess to online claims status	Yes	No	
	perienced nurses are employees' first contact when reporting STD claim	Yes	No	
ELECTION - Please check the appropriate box, sign this election form and return it to the plan administrator.				
Check one:				
By checking this box, I ELECT to be covered under my employer's Insured Private Plan of Temporary Disability Benefits, underwritten by the above designated 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				
 By checking this box, I DECLINE to elect. I understand that I shall contiune to have my employer to deduct from my earnings my contribution in accordance with the New Jersey Temporary Disability Benefits Law. 				
I have read and agree to the terms of participation set forth above.				
Employee Signature				
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