Standard Insurance Company

New Jersey Temporary Disability Benefits
Consent of Employees to Insured Private Plan

Employees of:	Policy no.:

I elect to be covered under my employer's Insured Private Plan of Temporary Disability Benefits, underwritten by Standard Insurance Company. I authorize my employer to deduct my contribution from my earnings. This deduction shall not exceed the amount allowed under the NJ Temporary Disability Benefits Law.

The law provides that when a majority of the employees in a class or classes to be covered agree to this Plan by written election, all eligible employees in that class or classes automatically become covered under this Plan.

Total number of employees:	Date of election:

Signature ▼	Signature ▼	Signature ▼

If you require additional space for signatures, please use reverse side of this form.