



SECURITY MUTUAL LIFE
 INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 COURT ST.
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
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Security Mutual Life Insurance Company of New York

Employees of: _____ EIN _____

CONSENT OF EMPLOYEES TO INSURED PRIVATE PLAN TEMPORARY FAMILY LEAVE BENEFITS

I elect to be covered under my employer's Insured Private Plan of New Jersey Temporary Family Leave Benefits, Underwritten by SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK. I authorize my employer to deduct from my wages my contribution, which shall not exceed the deduction which otherwise would be made in accordance with the New Jersey Temporary Disability Benefits 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
1	25	49
2	26	50
3	27	51
4	28	52
5	29	53
6	30	54
7	31	55
8	32	56
9	33	57
10	34	58
11	35	59
12	36	60
13	37	61
14	38	62
15	39	63
16	40	64
17	41	65
18	42	66
19	43	67
20	44	68
21	45	69
22	46	70
23	47	71
24	48	72

THIS FORM MAY BE DUPLICATED