

**Enrollment Form – University System of New Hampshire**

**Return this completed form to:**

**ISI Administrative Center**

**P.O. Box 2327**

**Beaufort, SC 29901**

<b>General Information (Employee)</b>		<b>Effective Date of Coverage (for office use only)</b> ____/____/____	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Social Security No. ____ - ____ - ____	Your Annual Earnings  \$ _____	Date of Birth Month Day Year ____/____/____	
Date Employed Month Day Year ____/____/____		<b>(For Prudential Use Only)</b>  <b>Control # 50657</b>	
<b>Short Term Disability</b>			
<input type="checkbox"/> I wish to enroll for the Short Term Disability insurance coverage. Weekly Benefit Amount \$ _____ I authorize my employer to deduct contributions for the cost of the plan from my earnings.			

**FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA, UTAH, VERMONT, VIRGINIA AND WASHINGTON; WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**VERMONT RESIDENTS –** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Employee Signature \_\_\_\_\_ Date (Month, Day, Year) \_\_\_\_\_

**The Prudential Insurance Company of America**

751 Broad Street, Newark, New Jersey 07102

The Short Term Disability coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. The Plan Administrator is Insurance Specialists, Inc. (ISI). If you have any questions regarding the plan, please call ISI at 1-888-ISI-1959. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.

