



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS**

P.O. Box 295, Trenton, NJ 08625-0295

**DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)  
PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)  
TEACHERS' PENSION AND ANNUITY FUND (TPAF)**

**LONG-TERM DISABILITY INSURANCE  
FOR MEMBERS OF DCRP AND TIER 4 & 5 MEMBERS OF PERS/TPAF**

**EMPLOYER STATEMENT/CERTIFICATION — INSTRUCTIONS**

Actively contributing DCRP members and PERS or TPAF members enrolled in Tier 4 or 5 (on or after May 21, 2010) are eligible for employer-paid long-term disability insurance coverage administered by Prudential.

1. The application process begins by completing the *Long-Term Disability Insurance Application*. The application is made up of the *Employee Statement*, the *Attending Physician Statement*, and the *Employer Statement*.
2. When completing the application, enter the Control Number **14800** for DCRP, PERS, and TPAF Long-Term Disability Insurance and the Branch Number that corresponds to your employer type: **00043** for DCRP Local Government; **00044** for DCRP State; **00045** for PERS Local Government/Education; **00046** for PERS State; or **00047** for TPAF.
3. Complete the *Employee Statement* providing all requested information about the applicant, their job, and the disabling condition.
4. Provide the *Attending Physician Statement* to the treating physician(s) for completion.
5. The employer completes the *Employer Statement* which includes information about the employee's occupation, coverage effective date, and the employee's salary information for the final 12 months prior to the month in which the disabling event occurred.
6. Submit all sections of the completed application to Prudential, using the address provided.

**Prudential Insurance Company of America  
Disability Management Services  
P.O. Box 13480  
Philadelphia, PA 19176**

7. Prudential notifies the Division of Pensions & Benefits (NJDPB) that a claim is pending and begins initial processing.
8. Processing times vary. If any required information is missing from the application, Prudential will contact the employee or the employer to obtain the necessary information.
9. When all required information has been obtained, Prudential makes a determination as to whether or not the disability is approved and notifies the employee directly. The employer and the NJDPB are also notified of the determination.

PERS and TPAF members see the *Long Term Disability for PERS and TPAF Tiers 4 and 5 Fact Sheet* for additional information.

For questions contact Prudential Disability Management at 1-800-842-1718

or at: [www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)

(Registration with the Prudential website is required for first-time users.)



The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/mybenefits

The State Treasurer of New Jersey
Employer Statement/Certification Form

1 Employer Information

Employer's Name, Control Number, Street, Suite, City, State, ZIP Code, LTD Branch, Employer's Telephone Number, Extension, E-mail Address

2 Employee Information

First Name, MI, Last Name, Address 1, Social Security Number, Address 2, Telephone Number, City, State, ZIP Code, Gender, Employment Status, Coverage Effective Date, Date Hired, Coverage Termination Date, Last Date Employer Paid Compensation, Date First Absent, Date Last Worked, Date Work Was Resumed, Normal Earnings Prior to this Absence, If employee does not work Monday through Friday, check days worked, Year To Date Total Taxable Wages

How was the LTD premium paid for the plan year in which the disability occurred? % paid by employer
Was the premium amount paid by the employer included in the employee's W-2? Yes No
Has either percentage changed within the last 3 years? Yes No





Grid for Social Security Number

3 Other Income, Deductions, and Workers' Compensation Information

Please indicate any applicable deductions such as Local Tax, State Income Tax, Medical, Dental, Life and/or 401(K), that should be withheld from the employee's benefits, if approved. Please also indicate if the employee is receiving, or is eligible to receive, benefits from any other sources because of this absence, such as Salary Continuance/Sick Pay, Workers' Compensation, Social Security Disability or Retirement Benefits, Statutory Benefits, Automobile Liability, Retirement or Pension Plan. If the employee has filed for or is receiving Pension/Retirement benefits, Paid Family Leave, or Unemployment Benefits, please enter this information in the line marked "Other". Please send copies of any letters or notices approving or denying benefits. \*If the Last Date Employer Paid Compensation is after the employee's last day worked, please enter the payment type and amount in the table below.

Table with columns: Source, Applied for (Yes/No), Amount, Frequency, Date Benefit Begins, Date Benefit Ends. Rows include Salary Continuance/Sick Pay, State Disability Benefits, Social Security, Workers' Compensation, Medical Deduction, Dental Deduction, Vision Deduction, Life Deduction, and Other.

If you entered information in "Other", please specify what benefit this represents

Has the employee indicated that the absence is work related? Yes No Has a Workers' Compensation claim been filed? Yes No

4 Job Information

Occupation grid

What Job Category best describes the employee's essential job duties? (Please check the appropriate box)

Table with columns: Sedentary, Light, Medium, Heavy, Very Heavy. Descriptions of job categories based on weight and physical activity.

Other (Please describe) text box

As the employer, would you be able to accommodate modified duty to facilitate early return to work? Yes No

If Yes, please explain (reduced hours, job modification, etc.):

Text box for explaining modified duty

5 Life Insurance

Is employee covered under a Prudential Group Life Insurance Policy? Yes No

If Yes, what is the face amount? \$ [grid]





SSN input boxes

6 Fraud Notice

FLORIDA RESIDENTS — Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This notice ONLY applies to accident and disability income coverage.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

I certify that the above statements are true.

Employer/
Certifying Officer
Signature X

Date (MM DD YYYY)

Date input boxes

For residents of all states except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, 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.

ALABAMA RESIDENTS — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARIZONA RESIDENTS — For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA RESIDENTS — For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

KENTUCKY RESIDENTS — Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE and WASHINGTON RESIDENTS — Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.





**MARYLAND RESIDENTS** — Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE RESIDENTS** — Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY RESIDENTS** — Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NORTH CAROLINA RESIDENTS** — Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

**PENNSYLVANIA and UTAH RESIDENTS** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PUERTO RICO RESIDENTS** — Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.

**VIRGINIA RESIDENTS** — Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

