



NEA Insurance Operations
P.O. Box 10320
Peoria, IL 61612-9800

NEA Member Confirmation Waiver

Our records show that your NEA membership has lapsed. Your NEA membership is a requirement for continued participation in the NEA Life, AD&D, and Accident & Injury insurance products, **issued by The Prudential Insurance Company of America**. Use this form to verify that you can continue your NEA Life and AD&D insurance plan because you are currently disabled or have been laid off from work.

I am requesting a waiver to continue my insurance coverage based on the following situation:

- I am disabled.
- I have been laid off.

IMPORTANT: Written verification that you qualify is required from your last employer. Please return a legible copy of your documentation along with this completed and signed form immediately so we can update your records to reflect your continued eligibility for your NEA Life, AD&D, and Accident & Injury insurance coverage.

Here are the certificate number(s) of the policies I would like to be covered under this waiver (certificate numbers are printed on the letter or email sent to you):

Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Mail this signed and dated form along with verification of disability or job layoff to NEA Insurance Operations, P.O. Box 10320, Peoria, IL 61612-9800.