Prudential

Roster Adjustment Form for New Jersey School Administrators Disability Insurance Program

Control Number:

District Number and Name:

Instructions: Please complete all fields to ensure changes can be processed. Fax completed form to 800-324-9307 or refer to your Premium Remittance Report Instructions for additional options to submit member changes to Prudential.

Last Name	First Name	Employee ID	Change Reason Code	Effective Date of Change	Comments

Change Reason Codes

T = Voluntary Termination of Coverage

E = Termination of Employment

R = Retirement

D = Deceased

X = Transfer

RW = Return to Work

P = Paid Leave of Absence

U = Unpaid Leave of Absence (Medical)

UO = Unpaid Leave of Absence (Other)

Form Completed By:_____Date_____/_____/_____

Phone number
(_____)_____-_____

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