

**NJ TDB QUICK QUOTE Request  
(25+ Employees) - NJ Temporary Disability Benefits Insurance**

Date \_\_\_\_\_ Date Quote Needed by \_\_\_\_\_ Number of pages, including this sheet \_\_\_\_\_

To **underwriting@nationalbenefitlife.com**

FAX No (800) 584-9370

Phone (718) 248-8797

From \_\_\_\_\_

FAX No \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

RISK NAME \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

Nature of Business \_\_\_\_\_ FEIN# \_\_\_\_\_

Current Carrier or State Plan \_\_\_\_\_ Effective Date \_\_\_\_\_

Coverage:  Statutory  Enriched (specify) \_\_\_\_\_

Total #NJ Employees: \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_ Add'l # of employees working outside NJ to be covered? \_\_\_\_\_

<b>Current Rates</b>	Monthly per capita	Males \$	Females \$
	Taxable wages	on first \$	Per year \$
	Payroll/Volume basis	on first \$	Per week/month \$

**EXPERIENCE HISTORY** (choose one)  Employer with the State Plan - Provide copies of AC-174 for past 3-4 years.  
 Employer with an insured private plan - Complete history below for past 3 years.

From	Period To	Carrier	Rate	Premium	Claims
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_