



Insurance Specialists for Over 65 Years

New Jersey TDB (Temporary Disability Benefits) Coverage Quote Request Form

Full Legal Name of Policyholder	
Address of Policyholder	
Current # of NJ Male Employees	
Current # of NJ Female Employees	
Most Recent (5) Years AC 174 Form (Notice of Employer Contribution Rates)	
UC 27 Billing Statements	

- If the policyholder operates with more than one legal name, please provide the above information for each entity
- Please note part time and full time employees are covered for NJ TDB benefits
- Census with Salaries may be required

For any questions, contact a member of our Statutory Disability Team:

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