

ABA – American Benefit Advisors

Fax: 404-759-2114 Email: Quotes@GoABA.com

Life & Disability Quote Request

Basic Information:		Existing Insurance:		Life Amount: \$
Your Name:		Disability Benefit: \$	Taxable? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Gender:	Ht Wt	Elimination Period:	Benefit Period:	
Tobacco:	Freq & Type	Will Existing Benefit Be Replaced?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Birth Date:		Business Ownership:		
Residence State:		% of Ownership	Years of Owning:	
DUIs in past 5 years? Yes No		Business Description:		
Number of moving violations in the past 2 years?		# of Full Time Employees:	Entity Type:	
Occupation & Job Duties:				
Annual Earned Income: \$		Bonus Income: \$		
Disability Insurance Quotes:		Business Overhead Expense Quotes:		
Monthly Benefit Amount: \$		Monthly Benefit: \$		
or <input type="checkbox"/> Max Benefit		Waiting Period: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days		
Payer: <input type="checkbox"/> Insured <input type="checkbox"/> Employer		Benefit Period: <input type="checkbox"/> 12 mos. <input type="checkbox"/> 18 mos. <input type="checkbox"/> 24 mos.		
Waiting Period days: <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> 540 <input type="checkbox"/> 730		Optional: <input type="checkbox"/> Salary Substitute <input type="checkbox"/> Future Increase		
DI Benefit Period: <input type="checkbox"/> Age 65 <input type="checkbox"/> 5 yrs <input type="checkbox"/> 2 yrs <input type="checkbox"/> 1 yr		Buy-Sell Quotes:		
<input type="checkbox"/> Residual Rider <input type="checkbox"/> Partial rider - 6 month duration		Waiting Period: <input type="checkbox"/> 365 Days <input type="checkbox"/> 540 Days <input type="checkbox"/> 730 Days		
<input type="checkbox"/> Catastrophic / ADL Benefit Rider		Lump Sum Benefit \$		
<input type="checkbox"/> Cost-of-Living/Inflation Rider (benefit increases during claim)		Monthly Benefit \$		
<input type="checkbox"/> Future Insurability Rider (benefit increases prior to claim)		<input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 60 months		
<input type="checkbox"/> Social Insurance Offset Rider <input type="checkbox"/> Other (explain below)				
Life Insurance Quotes:				
Your Death Benefit: \$		Rating Class: <input type="checkbox"/> Best <input type="checkbox"/> Pref <input type="checkbox"/> NoTob/Std <input type="checkbox"/> Pref Tob <input type="checkbox"/> Tobacco		
Spouse Death Benefit: \$		Rating Class: <input type="checkbox"/> Best <input type="checkbox"/> Pref <input type="checkbox"/> NoTob/Std <input type="checkbox"/> Pref Tob <input type="checkbox"/> Tobacco		
<input type="checkbox"/> Level Term: <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 30 yrs		<input type="checkbox"/> Universal Life with No Lapse Guaranteed		
<input type="checkbox"/> Universal Life with Cash Value Building		<input type="checkbox"/> Universal Life with Equity Index		
<input type="checkbox"/> Whole Life		<input type="checkbox"/> Survivorship Whole Life		

Describe any Health Conditions for each proposed insured, with specific information on most recent test results - use additional pages if necessary:

ALL DATA IS CONFIDENTIAL & subject to Georgia code section 33-39-5. Quotes normally provided within two to five business days, but may require more time with medical conditions.

Go to www.GoABA.com for more information.