

PGA Financial Group
Disability Insurance Proposal Request

Please fax back to PGA at 973-812-7768

Agent _____

Date _____

Phone _____

Fax _____

Email _____

Client

_____ M F Age _____ S NS

Ht _____ Wt _____

Occupation _____ Occupation Class _____

Annual Income _____ State _____

Medical Conditions/ Medications _____

Benefits (please check all boxes that apply)

Monthly Benefit	Maximum	50%	25%	Other
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Elimination Period	30 Days	60 Days	90 Days	Other
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Benefit Period	2 Years	5 Years	To Age 65	Other
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Other Disability Coverage	No	Yes	Group	Amount
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Optional Benefits	Cost Of Living	Retroactive	Residual	Return Of Premium
	FPO			

Plan Types

Guaranteed Renewable \$ _____
 Non-Cancelable \$ _____
 Business Overhead Expense \$ _____
 Special Risk \$ _____

Send Quote Via:

Mail to Agent: YES
FAX to Agent: YES
Email to Agent: YES

