

**MERIT DI
FASTQUOTE**

For any questions please call
800-477-8546 or 860-233-3626

DISABILITY INSURANCE

MERIT INSURANCE SERVICES, Inc.
639 Prospect Avenue
West Hartford CT 06105
www.meritins.com

"Your Disability Brokerage Agency"

FAX TO 860-233-8547

ATTENTION: _____

Or email to: marketing@meritins.com

Agent Name	
Agency	
Address	
Telephone#	
Fax#	
EMAIL	

Please fill out completely, circle when applicable.

Client Name: _____ **State of Residence:** _____

Date of Birth: _____ **Sex:** Male Female **Smoker:** Yes No

Occupation: _____

Occupation Description: _____

In business or working at the company for over one year: Yes No

Job Duties: _____

Annual Income: _____ **Works out of home:** Yes No

CURRENT DISABILITY COVERAGE: **Monthly Benefit Amount:** \$ _____
Group Individual None Employer Pay Employee Pay

NEW COVERAGE:
Amount: \$ _____ or Maximum; Employer Pay Employee Pay

Benefit Period: 6 Months 1 Year 2 Years 5 Years 10 Years To age 65

Waiting Period (days): 30 60 90 180 365

Riders: Cost of Living — Yes No

Any Health Issues: _____

I need applications _____ and/or licensing _____.