



ABS Quote Request

Long Term Disability

Group Name: _____

Address: _____

City: _____

State: _____

Zip: _____ - _____

Benefit Max and Duration: _____

Plan Specifics: _____

Prior coverage information (please provide copy of summary if you'd like to match benefits with this quote): _____

Please also provide a census file with the following information:

- Name
- Job title
- Gender
- Age
- Salary
- Home Zip Code