



**INDIVIDUAL ANCILLARY PRODUCTS
PRONTO QUOTE
Toll Free Help Line: 855-867-0057**

First Name: _____ Middle Initial _____ Last Name: _____
 Employer Name: _____ Employer Address: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Applicant's Home Address: _____ City: _____
 Home Phone: _____ Work Phone: _____ Fax: _____

Coverage Type?

Term Life:

- Benefits from \$100,000 - \$1,000,000
- Initial Rates Guaranteed for 10 Years
- Coverage renewable to age 70
- Affordable Group Rates

Long Term Disability:

- Income Protection from \$1,000 - \$7,500 per month
- Your "Own Occupation" Definition
- Residual Disability Benefits
- 90 and 180 Day Waiting Period Options

Accidental Death & Dismemberment:

- Benefits from \$50,000 - \$250,000
- Coverage renewable to age 70
- Level rates that do not increase due to age or health status

Business Overhead Expense:

- Benefits from \$500 - \$15,000 (under age 50)
- Benefits from \$500 to \$10,000 (ages 50-59)
- Premiums are tax deductible
- Premiums waived after 6 months of total disability

	Date of Birth	Residential Zip Code	Has the individual used tobacco or nicotine in the past 24 months?	
Member			Yes	No
Spouse			Yes	No
Dependent			Yes	No
Dependent			Yes	No
Dependent			Yes	No
Dependent			Yes	No

Coverage Desired: Insured Only Insured & Spouse Insured & Children Family

This Form Is For Estimate Purposes Only.
 Coverage May be Bound Only Upon Submission and Acceptance of a NYL Application.
Gilsbar Inc.
 Fax form to: (985) 898-1575 or Email to: asindividualsmallgro@gilsbar.com
 P. O. Box 998, Covington, Louisiana 70434 www.gilsbar.com