



BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
 Home Office: 700 South Street, Pittsfield, MA 01201
 A wholly owned stock subsidiary of and administrator for
 The Guardian Life Insurance Company of America, New York, NY

Quote Request Form

Client Name: _____ Phone: _____ Email: _____
 Tobacco User Yes No DOB: _____ or Age: _____ Gender: _____
 Occupation: _____
 Business Owner: _____ Duties: _____ Years in Industry: _____
 Total Annual Income: \$ _____ If Yes, # of Employees: _____ State: _____
 Monthly Benefit Requested: \$ _____ Retirement Contribution \$ _____
 Existing Coverage: \$ _____ or Max (Based on Income) SIS Rider: \$ _____
 Existing Group: _____ Benefit Period of Existing: \$ _____ Carrier _____
 or GLTD % of income: _____ % GLTD CAP _____

Provider Choice Premier

Definition of Disability

- True Own Occ.
 2 Year True then Modified

Benefit Period

- 2 Year 5 Year
 10 Year To Age 65
 To Age 67 To Age 70

Elimination Period

- 30 days 60 days
 90 days 180 days
 360 days 720 days

Optional Benefits

Partial

- Enhanced Partial Basic Partial

COLA

- 3% 6% 4yr Delayed

Extended Benefits

- Lump Sum Graded Lifetime
 RPP rider (complete RPP section below)

FIO

FIO Amount \$ _____

- UPW Unemployment Waiver of Premium

Catastrophic

- Enhanced CAT Basic CAT
 Max or Amount: \$ _____

Student Loan Protection Rider/ Supplemental Benefit Term Rider*

Amount: \$ _____

- 10 Year Term 15 Year Term

Provider Choice Select

Definition of Disability

- True Own Occ.
 2 Year True then Modified

Benefit Period

- 2 Year 5 Year
 10 Year To Age 65
 To Age 67 To Age 70

Elimination Period

- 30 days 60 days
 90 days 180 days
 360 days 720 days

Optional Benefits

Partial

- Basic Partial

COLA

- 3% 6% 4yr Delayed

Extended Benefits

- Lump Sum Graded Lifetime
 RPP rider (complete RPP section below)

FIO/BPR (choose one)

- FIO \$ _____ BPR

- UPW Unemployment Waiver of Premium

Catastrophic

- Enhanced CAT Basic CAT
 Max or Amount: \$ _____

Student Loan Protection Rider/ Supplemental Benefit Term Rider*

Amount: \$ _____

- 10 Year Term 15 Year Term

Provider Choice Essential

Definition of Disability

- 2 Year True then Modified
 2 Year Modified

Benefit Period

- 2 Year 5 Year
 10 Year To Age 65

Elimination Period

- 30 days 60 days
 90 days 180 days
 360 days 720 days

Optional Benefits

- Short-Term Residual

*Supplemental Benefit Rider only available in CT, FL, NY, and PA.

Please refer to the Field Underwriting Guide for limits and rules on riders.

Retirement Protection Plus

Contribution \$ _____

Employer Match \$ _____

RPP Rider

Stand Alone RPP Policy

Elimination Period

180 Day 360 Day

Elimination Period

180 Day 360 Day

Optional Riders

COLA FIO \$ _____

Type of Illustration (Choose one)

Basic Proposal

Executive Bonus Program

Special Limits for New Professionals

Qualified Sick Pay Plan

Professional Group Discount Program

Student / Resident Discount Program

VIP (Existing VIP Only)

Group Conversion Program

Association

Occupation _____

Premium Mode:

Monthly

Quarterly

Semi-Annual

Annual

Premium Structure:

Graded

Level

Both Graded and Level

*Supplemental Benefit Rider only available in CT, FL, and PA.

Please refer to the Field Underwriter's Guide for limits and rules on riders.

Medical Information: (Please provide a description of any medical conditions which you believe should result in the submission of an Underwriting Inquiry Application)

Additional Notes:

Individual disability income products underwritten and issued by Berkshire Life Insurance Company of America (BLICOA), Pittsfield, MA or provided by Guardian. BLICOA is a wholly owned stock subsidiary of and administrator for The Guardian Life Insurance Company of America (Guardian), New York, NY. Product provisions and availability may vary by state.

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