

Southern Tier Environments for Living, Inc. Life Insurance & Supplemental Disability Quote Sheet

Employee Information:

Name: _____

Address: _____

Phone Number: _____

Work Number: _____

Email: _____

Date Submitted to Northwest Insurance: _____

Life Insurance – Lincoln Life Group Term Life Insurance:

Coverage	Date of Birth	Smoker?	Increment	Maximum	Amount
Employee	_____	_____	\$10,000	\$200,000	_____
Spouse	_____	_____	\$5,000	\$100,000	_____
Child			\$10,000	\$10,000	_____

Disability Insurance – Unum Individual Supplemental Disability Insurance:

Employee Date of Birth _____

Months of Benefit (circle) 6 12 24

Waiting Period (circle) 14 days 30 days 90 days

Hours per week _____ Hourly Salary _____ Annual Salary _____

Questions? Call contact person listed below.

Fax, Send or Email this form to:

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