



**INSURANCE WHOLESALER**  
New Jersey Temporary Disability

555 Broadhollow Road • suite 271 • Melville, New York 11747  
Tel (800) 325-2777      www.eztdb.com      www.insurancewholesaler.net      Fax (631) 293-5897

Request for New Jersey AC – 174 Forms

In order to research privatizing your New Jersey Temporary Disability Benefit, please fill out the information and email it to [Info@dblcntr.com](mailto:Info@dblcntr.com) or fax it to 631-293-5897

Attention: TDB Benefit Advisor

If a payroll company's services are being provided please list the name of the organization

\_\_\_\_\_

Employer Federal ID#:

\*(Please be sure to include all legal entities)

Legal Account Name:



I hereby authorize Insurance Wholesaler to request the most recent AC-174.1 forms.

Name:

Title:

Phone:

Signature: \_\_\_\_\_