



INSURANCE WHOLESALER
New Jersey Temporary Disability

155 Pinelawn Road • Suite 120S • Melville, NY 11747

Tel (631) 293-5100 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 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: _____