

# **MDIS** Missouri Dental INSURANCE SERVICES

MDIS4DDS.com | T 573-636-8752 | F 573-634-5770

## For use by Dental Students Only

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ Lbs.

Sex: ( ) Male ( ) Female Tobacco Use?: ( ) Yes ( ) No

Occupation: Dental Student @ \_\_\_\_\_

Desired Monthly Benefit Amount: \$2500

Benefit Period: ( ) 5 year ( ) until age 65

Elimination Period (days): ( ) 30 ( ) 60 ( ) 90 ( ) 180 ( ) 365

Riders: ( ) Residual ( ) Future Purchase Option ( ) NonCancellable ( ) Own Occupation  
( ) Catastrophic ( ) Inflation protection

Any health problems? Currently on any medications?  
(Counseling and Chiropractic are relevant) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special notes? (Current disability insurance in force (include company and amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

Quote may be faxed or securely emailed to: [lindsey@mdis4dds.com](mailto:lindsey@mdis4dds.com) / f: 573.634.5770  
\*This form is to gather information for quoting coverage, this is NOT a confirmation of coverage.\*