ANCILLARY QUOTE INFORMATION

Individual or Group (please circle one)

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

PLEASE NOTE - this form is to gather information for quoting coverage, this is NOT a confirmation of coverage.

Requested Effective date _____

Name of Group (if applicable) _____

Name _____ Gender _____ Date of Birth _____

Street Address _____ County _____

City _____ State _____ Zip _____

Work Telephone (_____)_____ Home Telephone (_____)_____

Fax Number (_____)_____ Email _____

Do you smoker or use tobacco products? Yes or No

Specify the products of interest:

- o Short Term Medical
- o Accident
- o Short Term Recovery Care
- o Home Health Care
- o Cancer and/or Heart & Stroke
- o Fixed Indemnity (hospital safeguard, mini-med plans or lump sum medical benefit)
- o Critical Illness
- o Vision (group or individual)
- o Dental (group or individual)
- o Life (group or individual)
- o Travel Insurance

Others to be covered	Gender	Date of Birth	Tobacco user?	Relationship

For questions, call 800-944-7550 or email Christy@mdis4dds.com.
Please fax this form back to MDIS at 1-573-634-5770.

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website *www.MDIS4DDS.com* .