Group Life Quote Information



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

Date						
lew/Replacement plan Requested Effective date						
Name of Company						
Nature of Business						
Street Address						
City	State		Zip			
Work Telephone ()			_ Home Telepl	none ()	
Fax Number ()			Email			
Current Health Carrier				Agent		
Current/renewal rate	Renewal date					
Employee	Sex	Date of Birth	Who is covered		Disability Income Yes or No	Salary (for disability coverage)

Please fax this form back to MDIS at 1-573-634-5770.

MDIS Privacy Policy

MDIS recognizes the importance of confidentiality in the use of information provided by our clients. Information such as birthdates, social security numbers, medical, and financial is necessary to properly and accurately provide our clients with the products and services they desire. We take the responsibility of protecting your personal, nonpublic information seriously. This protection is required by federal laws such as the Gramm-Leach-Bliley Act, HIPAA, and others, as well as various state laws contained in Missouri Statutes and Rules. MDIS has developed an Information Security Program that contains our procedures for safeguarding nonpublic customer information.

^{*} All fulltime eligible employees must be listed.