

INDIVIDUAL HEALTH QUOTE INFORMATION

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



MDIS4DDS.com

T 573-636-8752 | F 573-634-5770

By completing and returning this form, with the consent date given below, I give agent Christina Diehl consent to assist me and my entire household in completing enrollment, applying for financial assistance and plan selection through the Federally Facilitated Marketplace, as well as account maintenance and application searches. Please call the MDIS office if you wish to rescind this consent. **Duration of Consent** _____

Signature _____

Consent Date _____ Requested effective date _____

Name _____ Sex _____ Date of Birth _____

Street Address _____ County _____

City _____ State _____ Zip _____

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

Fax Number (_____) _____ Email _____

Do you smoke or use tobacco products? Yes or No _____ Are you interested in vision, dental, or cancer plans? _____

Subsidy eligibility:

Is your current health insurance: individual, employer group or with your spouse's employer? _____

Are you eligible or does your employer offer a group health insurance plan? _____

Are you eligible to enroll in your spouse's employer group health insurance plan? _____

If you are covered under an employer group plan, is the employee only portion of the premium less than 9.12% of the employee's modified adjusted gross income (MAGI) and deemed affordable? _____

What is your estimated annual household modified adjusted gross income (MAGI)? _____

| Others to be insured | Relationship | Gender | Date of Birth | Tobacco user |
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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.

| Privacy Notice Statement Regarding Marketplace Enrollment |
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| We are authorized to collect personally identifiable information (PII) from you by Christina Diehl. Any PII we collect is used for the purpose of obtaining coverage through the individual marketplace. If you choose to give us PII, we may share this information with insurance carriers for the purpose of enrollment and/or government subsidy eligibility. PII is used or disclosed for this purpose only. The request to collect PII is voluntary, however, necessary to complete enrollment in marketplace coverage. If you choose not to provide us with PII, we cannot fully help you with enrollment. |



I, _____ [name of primary household contact], give permission to Christina Diehl to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by sending written notice to MDIS, 3340 American Avenue, Ste. E, Jefferson City, MO 65109.

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| Name of Primary Writing Agent: | Christina Diehl |
| Agent National Producer Number: | 7932115 |
| Phone Number: | 573-469-7003 |
| Email Address: | christy@mdis4dds.com |
| Name of Agency: | Missouri Dental Insurance Services, Inc. (MDIS) |
| Agency National Producer Number: | 8238699 |
| Phone Number: | 573-636-8752 |
| Email Address: | info@mdis4dds.com |

Signature: _____ Date: _____
Name of Primary Household Contact and/or Authorized Representative: _____
Phone Number: _____
Email Address: _____