

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 / f: 573.634.5770
This form is to gather information for quoting coverage, this is NOT a confirmation of coverage.