



INDIVIDUAL HEALTH QUOTE INFORMATION

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

By completing and returning this quote form, with the consent date given below, I give **Christina Diehl** with MDIS consent to assist me in completing an enrollment, application, applying for financial assistance if applicable, and plan selection through the health insurance marketplace, as well as account maintenance and searches.

Duration of Consent: _____ Signature _____

Consent Date: _____ Requested Effective Date: _____

Name: _____ Sex: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Email: _____

Do you use tobacco products? Y or N 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 8.39% of the employee's modified adjusted gross income (MAGI) and deemed affordable? _____

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

Tax filing status _____ Do you claim any dependents? _____ If so, how many? _____

Others in your household	Need coverage?	Relationship	Gender	Date of Birth	Tobacco user

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 provide our clients properly and accurately 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

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.

v.1.26

3340 American Avenue, Ste. E, Jefferson City, MO 65109 | Ph 573-636-8752 | www.MDIS4DDS.com

MDIS Missouri Dental INSURANCE SERVICES

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 for 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 personal identifiable information (PII) for any
purposes other than those listed above. The agent will ensure that my PII is protected when
creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the stated
purposes above.

I understand that I do not have to share additional PII or protected health information (PHI) with my
agent beyond what is required on the Marketplace application for eligibility and enrollment
purposes. I understand that my consent remains in effect until one year from the date signed, and I
may revoke or modify my consent at any time by providing written notice to my agent or emailing.

Name of Primary Writing Agent: Christina Diehl

Agent National Producer Number: 7932115

Email Address: christy@mdis4dds.com

Phone Number: 573-469-7003

Name of Agency: Missouri Dental Insurance Services, Inc.(MDIS)

Agency National Producer Number: 8238699

Phone number: 573-636-8752 Email: info@mdis4dds.com

Signature: _____ Date: _____

Name of Primary Household Contact and/or Authorized Representative: _____

Phone Numbers: _____

Email Address: _____