



MDA Insurance - 230 N. Washington Square, Ste. 304 - Lansing, MI 48933 - (800) 860-2272

LIFE INSURANCE QUOTE FORM

MDA Insurance offers a wide variety of insurance products designed to meet the needs of MDA members, students, employees, and family members. To receive your free, no-obligation quote, please complete this form and mail it to the address above or FAX it to **(517) 484-5460**. If you prefer, you may contact us by phone with the following information. Call us at **(800) 860-2272**.

I would like to receive information by: Mail Phone FAX Personal Appointment

I am a: Student MDA Member Employee of MDA Member Other

Name: _____

Address: _____

Phone Number: (____) _____ FAX Number: (____) _____

Date of Birth: _____ Gender: Male Female

- Term Insurance Guarantee Period: 10 years 15 years 20 years 30 years
- Whole Life Variable Life Universal Life

Coverage Amount: \$ _____ Height: _____ Weight: _____

Have you ever used tobacco or nicotine substitutes? (If yes, please explain): _____

Is there anything significant about your health history? (If yes, please explain): _____

Do you take any medication? (please provide dosage and frequency): _____

Have you ever taken an antidepressant medication or received counseling? (please provide dosage and dates): _____

Please include coverage for my spouse. Name: _____ Date of Birth: _____

Coverage Amount: \$ _____ Height: _____ Weight: _____

Tobacco or nicotine use: _____

List any medications (please provide dosage and frequency): _____

Ever taken an antidepressant medication or received counseling? (please provide dosage and dates): _____

Please include coverage for my dependent children (ages 15 days to 17 years).

Number of children: _____ Age of youngest child: _____