



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

DISABILITY INSURANCE QUOTE FORM

MDA Insurance offers a wide variety of insurance products designed to meet the needs of MDA members, students, and employees. To receive your free, no-obligation quote, please complete this form and return 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 my quote by: Mail Phone FAX Email Personal Appointment

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

Name: _____

Address: _____

Phone Number: (____) _____ Best time(s) to call: _____ a.m. / p.m.

FAX Number: (____) _____ Email: _____

Date of Birth: _____ Height: _____ Weight: _____

Gender: Male Female Occupation: _____

1. Have you ever used tobacco or nicotine substitutes? (if yes, please explain): _____
2. Is there anything significant about your health history? (please explain): _____

3. Do you take any medication? (if yes, please explain): _____
4. Have you ever taken an antidepressant medication or received counseling? (if yes, please explain) _____

5. What is your taxable earned income for this year? \$ _____ For last year? \$ _____
6. Are there any significant citations on your driving record? (if yes, please explain): _____

7. Do you participate in activities that might be considered hazardous? (please explain): _____

8. Do you have disability income coverage now? (provide monthly benefit amount): \$ _____

Please include information and a proposal on insurance to cover my business loans in the event I become disabled:

Monthly Loan Payment: _____

Waiting Period (Days): 30 60 90 180 365

Benefit Period (Years): 5 6 7 8 9 10

Please include coverage for my business overhead expenses:

Rent	_____	Utilities	_____
Employee Salaries	_____	Maintenance	_____
Employee Benefits	_____	Accounting/Legal Fees	_____
Malpractice Insurance	_____	Professional Dues	_____
Property & Casualty Insurance	_____	Subscriptions	_____
Equipment Lease Payments	_____	Postage/Stationary	_____
Laundry	_____	Other Miscellaneous	_____
Depreciation	_____	TOTAL MONTHLY EXPENSES: \$	_____

Waiting Period (Days): 30 60 90 180 365

Benefit Period (Months): 12 18 24

Thank you for taking the time to complete this data sheet and for requesting proposals! You should expect to receive your quotes within the next couple of days. If you have any questions in the meantime, call us toll-free at **800.860.2272**. Our account executives would be happy to meet with you in person at your home or office to review your personal and/or business insurance needs. Simply call for an appointment.