

Request for quote

Disability Insurance



Disability income insurance is one of the most overlooked products in an individual's financial portfolio. MDA Insurance can show you how to fill that gap easily and protect yourself if a disability occurs. Disability coverage can be purchased individually or it can be set up as a group plan.* **To receive your free, no-obligation quote, please complete this form and return it to MDA Insurance in the enclosed Business Reply Envelope. Requests for quotes can also be emailed to Shawn Haindel at shaindel@mdaifg.com or sent by FAX to 517-484-5460. For more information, call 800-860-2272.**

*Group plans require additional detail to be provided for an accurate quote to be developed. Call 800-860-2272 for details.

My information

First name				Last name			
Home address (please include city, state and ZIP)							
Phone			FAX			Email	
Date of birth	Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	Substance usage <input type="checkbox"/> None/never <input type="checkbox"/> Quit (date) _____ <input type="checkbox"/> Cigars <input type="checkbox"/> Cigarettes <input type="checkbox"/> Marijuana <input type="checkbox"/> Edibles <input type="checkbox"/> Vape <input type="checkbox"/> Hookah <input type="checkbox"/> Chew <input type="checkbox"/> Other substance(s) _____ Amount/Qty _____ Frequency _____			
Annual Gross Income \$ _____	Dental occupation <input type="checkbox"/> Other _____ <input type="checkbox"/> Dentist <input type="checkbox"/> Hygienist <input type="checkbox"/> Assistant Years in this occupation _____			Are you a recent graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes When: ____/____ (month/yr) Dental school _____		Are you a student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please check one: <input type="checkbox"/> General <input type="checkbox"/> Resident <input type="checkbox"/> Specialist	
Are you currently working with an MDA Insurance agent? <input type="checkbox"/> No <input type="checkbox"/> Yes, I am working with (name) _____							

Health information

1. Is there anything significant about your health history? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list diagnoses, date of diagnoses and treatment:
2. Do you take any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list diagnoses, date of diagnoses and dosage:
3. Have you ever taken an antidepressant medication or received professional counseling? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list diagnoses, date of diagnoses and dosage:
I would like to be contacted by: <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____

***Individual short-term policies are not available. Policies do not cover pregnancy unless there are complications.**

Thank you for requesting a proposal! Please enclose this form in the enclosed Business Reply Envelope or email shaindel@mdaifg.com. You should expect to receive your quote in 1-2 business days. If you have questions in the meantime, call us toll-free at 800.860.2272.