



Request for quote

Disability Insurance

Disability income insurance is one of the most overlooked products in the entire insurance industry. MDA Insurance can show you how to easily fill that gap 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 to MDA Insurance. Requests for quotes can be submitted online at mdaprograms.com. If you prefer, you may contact us at 800.860.2272. **If any area is left blank we will be unable to provide you with a quote.**

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	Tobacco	<input type="checkbox"/> Cigar	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Vape	<input type="checkbox"/> Never	
			<input type="checkbox"/> Female	usage	<input type="checkbox"/> Hookah	<input type="checkbox"/> Chew	<input type="checkbox"/> Quit	_____	
Annual Gross Income			Dental occupation <input type="checkbox"/> Other _____			Are you a recent graduate?			
\$ _____			<input type="checkbox"/> Dentist <input type="checkbox"/> Hygienist <input type="checkbox"/> Assistant			<input type="checkbox"/> No <input type="checkbox"/> Yes When: ____/____ (month/yr)			
Years in this occupation _____									
Are you currently working with an MDA Insurance agent?									
<input type="checkbox"/> No <input type="checkbox"/> Yes: _____									
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 completing and returning this data sheet and for requesting a proposal! You should expect to receive your quote in the next couple of days. If you have questions in the meantime, call us toll-free at 800-860-2272.