

INDIVIDUAL HEALTH QUOTE INFORMATION



By completing and returning this quote form, with the consent date given below, I give Christina Diehl at 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.

Consent Date _____ Requested effective date _____

Name _____ Sex _____ Date of Birth _____

Street Address _____ County _____

City _____ State _____ Zip _____

Work Telephone (_____) _____ Home Telephone (_____) _____

Fax Number (_____) _____ Email _____

Do you smoke or use tobacco products? Yes or No _____ 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 9.5% of the employee's modified adjusted gross income (MAGI) and deemed affordable? _____

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

Others to be insured	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 properly and accurately provide our clients 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.