

Information Request Form

It is important that all dental students are aware that Boston University Goldman School of Dental Medicine portable disability program has important options and conversion rights for all dental students. This form will enable you to request information to address specific issues you may have. **Please complete and fax to 914-472-2585 so we can better serve you now and in the future.**

Please answer the following questions to assist us in serving your specific needs:

1. Would you like to receive information about the important issues of disability through your email?

☐ Yes ☐ No

2. Would you like to receive a personalized proposal about your supplemental or conversion coverage opportunities?

☐ Yes ☐ No

3. Would you like us to review any other personal coverage you may maintain? ☐ Yes ☐ No

Name

Date of Birth

Gender: ☐ Male ☐ Female

Specialty

Home Address

Year of Graduation

City

Home Telephone Number

State, Zip Code

Alternate Telephone Number

Email Address

Cell Phone Number

Alternate Email Address

Note: During your dental program, please be aware of your supplemental disability options and your right to convert your group LTD coverage to an individual policy with no medical underwriting when you complete your dental training at your current institution. For more information call InsMed at 800-214-7039 or visit www.insmedinsurance.com.