

## **Application for Disability Insurance**

The form attached is an application for disability insurance required by your Medical School. This insurance will be issued to you on a guaranteed basis and does not require the completion of any medical or financial information on the application. Please disregard the questions marked "Not Applicable." They will not be considered to be a part of your application for insurance.

**Please complete the information in "Section I: Personal Information" and sign and date the TWO places on page 2 of the application** to signify that you have approved the information pre-printed in questions 1a, 1b, 1c and 1f in Section I. Again, this is the only information we will use from this application and your signature will only be used to verify the information contained in the "Personal Information" section.

**Please bring this form with you to Orientation. (Do not send it to the address listed on the form.)**

**Thank you.**