



Physicians
Mutual®

Insurance for all of us.™

Physicians Mutual Insurance Company
Health Customer Service
PO Box 3313
Omaha, NE 68103-0313
1.800.228.9100

**DENTAL INSURANCE
MEDICARE SUPPLEMENT DISCOUNT FORM**

You may qualify for a Dental premium discount if you and/or your spouse are covered under our Dental coverage and have a Medicare Supplement policy with Physicians Mutual Insurance Company or Physicians Life Insurance Company.

If yes, please provide the information below for each listed individual and policy:

Dental Policy/Certificate Information

Policy/Certificate Number: _____

Policyowner's Name: _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Medicare Supplement Policy Information

First Name Middle Initial Last Name Medicare Supplement Policy Number

First Name Middle Initial Last Name Medicare Supplement Policy Number

Signature and Acknowledgment

I understand the premium discount will not be added to my policy unless I have met the qualifications above. Upon approval, the discount will become effective on the monthly renewal date or policy effective date, whichever is earlier, after receipt of this request.

X _____
Dental Policyowner's Signature Date