Physicians Mutual®
Insurance for all of us.™

Physicians Mutual Insurance Company,Inc.
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, Inc., Physicians Life Insurance Company or Physicians Select 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