



Supplemental Application – Physician and Surgeon Part Time Insurance Coverage

APPLICANT

First name, Last name

Policy Number

Requested Effective Date of Change

PART TIME INSURANCE COVERAGE

SECTIONS A-G

- A. What is prompting the change to a part time status?
Pursuing another passion (please describe):
Increasing administrative duties in current group, less practice hours
New practice with low volume
Declining volume in established practice
Increasing family obligations
Preparing for retirement
Employment with institution that provides coverage (please name):
Other (please describe):

B. What is your current specialty?

- C. Do you currently perform surgery? Yes No
If yes, will you be performing surgery after the change to part time? Yes No

D. How many hours weekly do you spend in your total medical practice that is covered by MIEC? (You should include all professional activity such as patient care, surgery, record keeping, consultation, supervision of healthcare professionals, on call, volunteer work, hospital rounds, accreditation and other review functions on behalf of a hospital or professional society).

Table with 7 columns: In Office, In Hospital, On Call, Other, Names of Hospital/Facility/Office, Total Hours. Rows for Sun, Mon, Tues, Wed, Thur, Fri, Sat.

- E. Are you employed elsewhere for which coverage is provided? Yes No
If Yes, please describe where:

As a condition of a reduced rate of premium, an endorsement will be attached to your MIEC policy excluding coverage for all activities described above that are insured elsewhere.

- F. Do you employ or supervise employees who are providing medical professional services? Yes No
If yes, how many hours per week will these employees be working after your change to part time?
Do these employees perform any invasive procedures or cosmetic procedures of any kind? Yes No

MIEC retains the right to conduct an audit on your records to substantiate the limited hours of practice to be covered by the MIEC policy.

SIGNATURE

Print Name

Signature

Date