

AFFIDAVIT – PART TIME

Before me, the undersigned authority, personally appeared _____,
who, being by me duly sworn, deposed as follows:

My name is _____, I am capable of making this affidavit, and
personally acquainted with the facts herein stated.

I am a practicing physician working 20 hours or less per week at the location(s) covered
by MoDocs policy no. _____. I have worked 20 hours or less per week since
_____. My intentions are to continue to work 20 hours or less per week for the
indefinite future. In the event I choose to increase my work hours in excess of 20 hours
per week, I will notify MoDocs' underwriting department prior to such change in practice.

Signature

Witnessed:

I, _____, hereby state that I am 18 years of age or older.
Witness (Printed)

Witness (Signature)

Address of Witness: _____

