



601 Francis Street  
St. Joseph, MO. 64501

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**RETIREMENT REQUEST**

I have requested Missouri Doctors Mutual Insurance Company, MoDocs, cancel my professional liability insurance as of 12:01 a.m. on \_\_\_\_\_ due to my retiring from the practice of medicine on \_\_\_\_\_.

It is my desire to maintain tail coverage as provided under the policy. It is my understanding that, under the terms of the policy, I am entitled to tail coverage at no expense upon the conclusion of and complete withdrawal from performing all duties pertaining to my work or professional career as a physician. I hereby affirm that I am no longer practicing medicine due to retirement.

My new mailing address is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My contact information is:

\_\_\_\_\_ Phone  
\_\_\_\_\_ E-mail

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Signature

**Witnessed:**

I, \_\_\_\_\_, hereby state that I am 18 years of age or older.

Witness (Printed)

\_\_\_\_\_  
Witness (Signature)

Address of Witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_