

Florida Dental Association

Addendum to Waiver Application

This addendum must be completed and attached to the *American Dental Association Request for Waiver of Membership Dues* form when requesting a dues waiver for financial hardship. Please complete the following worksheet in full so we may expedite your request.

This application is for a one-year waiver. Dues waiver categories are granted for physical disability or financial hardship. If you have questions or desire personal contact to discuss this request in confidence, please contact Joyce Brewer, FDA Membership Coordinator at (800) 877-9922 for referral to the appropriate member of your component dental association.

Name _____ Address _____
City _____ State _____ Zip Code _____ Phone _____

I. CURRENT MEMBERSHIP STATUS:

Active Active Life Retired Graduate Student Other

II. YOU ARE REQUESTING A WAIVER PRIMARILY BECAUSE OF:

Disability: Temporary Permanent
 Financial difficulties relating to your practice
 Financial difficulties related to a natural disaster or accident
 Financial (Personal)

DISABILITY

Are you still able to practice dentistry? Yes No
If unable to practice, are you able to work in another field
outside dentistry? Yes No
If able to working another field, are you currently planning to
work in the near future? Yes No
Have you contacted the FDA or ADA about a Relief Fund application? Yes No

FINANCIAL DIFFICULTIES RELATING TO YOUR PRACTICE

Type of practice: Solo Partnership Associate

Number of years in practice _____

Does your practice have an established patient base? Yes No

If this is an existing practice with a patient base, what is the primary cause for the change in financial circumstances?

Local economy
 Changes in community/population or demographic change
 Personal health or inability to take care of practice
 Other _____

FINANCIAL DIFFICULTIES RELATED TO A NATURAL DISASTER OR ACCIDENT

Does insurance cover the cost of repairing the majority of the damage? Yes No

Despite insurance coverage, will it take more than one month to get the practice back to full operation? Yes No

Anticipated start date: _____

FINANCIAL DIFFICULTIES RELATED TO PARENTAL LEAVE

Yes No

Length of time away from work _____

III. PERSONAL INCOME AND EXPENSE INFORMATION

Income:
Net income (less overhead expenses) from practice \$ _____
Net income from other employment \$ _____
Other Income (insurance, social security, etc.) \$ _____

Expenses:
Home payments or rent \$ _____
Educational Loans \$ _____
Health Care/Medical Expenses \$ _____
Other \$ _____

Net Income (Loss) \$ _____

Signature: _____ Date: _____

Please feel free to include additional information you feel pertinent to this request.