



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 work sheet 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 call Joyce Brewer, FDA Membership Coordinator, at (800) 877-9922 for referral to the appropriate member of your component dental society.

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 work in 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 _____

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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	\$ _____
Healthcare/medical Expenses	\$ _____
Other	\$ _____
Net Income (Loss)	\$ _____

Signature _____ Date _____

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