



Good health. Good business. Great schools.

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East Lansing, MI 48826-2560
Questions? Call 888.888.4167
Fax 517.203.2914
www.messa.org

Member Application for MESSA Benefits

MEMBER INFORMATION

Please PRINT clearly or TYPE

Form fields for Member Information including Social Security Number, Date of Birth, Gender, First Name, MI, Last Name, Mailing Address, APT #, City, State, Zip Code, Home Phone, and E-Mail.

DEPENDENT INFORMATION

Please refer to your MESSA Plan Coverage Booklet at www.messa.org for complete eligibility guidelines. If necessary, include additional dependent information on a separate sheet of paper and attach to this application.

Form fields for Dependent Information including Spouse and three Dependents, with columns for Name, Social Security Number, Date of Birth, Gender, and Relationship to Member.

COVERAGE INFORMATION

NOTE: To designate or change Life Insurance beneficiaries you must submit a Beneficiary Designation Form, available online at www.messa.org or by calling MESSA at 888.888.4167.

Section A: HEALTH COVERAGE. Includes checkboxes for PAK A, B, C, Other PAK/BUNDLE, Non-PAK HEALTH COVERAGE, Member, Member & Spouse, Member & Child, Full Family, and dental coverage options.

Section B: OPTIONAL LIFE COVERAGE. Includes checkboxes for \$5,000 Basic Term Life Insurance, \$2,000 Dependent Life Insurance, and Supplemental Term Life Insurance (\$10,000, \$20,000, \$30,000, \$40,000 + AD&D).

Important Note: Optional Insurance is not available at all school districts. Please contact your school business office to determine your eligibility to elect any optional insurance.

Section C: GROUP SURVIVOR INCOME INSURANCE. Includes checkboxes for Monthly Benefits for Eligible Dependents (\$400 for spouse, \$200 for children).

Section D: OPTIONAL DISABILITY INCOME INSURANCE. Includes checkboxes for Short Term and Long Term Disability Income Insurance with benefit details.

FOR EMPLOYER'S USE ONLY - EMPLOYER MUST COMPLETE FOR APPLICATION PROCESSING. Includes fields for Negotiated Benefit Programs, Effective Date, Job Code, Employee Job Title, Date of Hire, Accumulated Sick Days, Annual Salary, and Employer's Stamp.

EFFECTIVE DATE and TOTAL CONTRIBUTION fields. Includes a signature line for the applicant and a date field.

Contribution Rates for Optional Coverages

All rates shown below are monthly rates.

The Group Dependent Life Insurance and/or the coverages below are available only in **ADDITION** to a MESSA health insurance plan **OR** the Group Basic Term Life Insurance

A Check with your employer's business office for this rate.

B Life Coverage

| | MONTHLY RATE |
|---|--------------|
| \$5,000 Group Basic Term Life Insurance | \$2.36 |
| \$2,000 Group Dependent Life Insurance | \$1.48 |

Group Supplemental Life Insurance

Age is determined as of previous July 1.

| | MONTHLY RATE |
|-----------------------------------|--------------|
| \$10,000 Life and AD&D | |
| Under age 40 | \$1.50 |
| Age 40 - 49 | \$3.00 |
| Age 50 - 59 | \$6.50 |
| Age 60 - 64 | \$11.50 |
| Age 65 - 69 | \$17.50 |
| Age 70 - 74 | \$30.00 |
| Age 75 and older | \$44.00 |

| | MONTHLY RATE |
|-----------------------------------|--------------|
| \$20,000 Life and AD&D | |
| Under age 40 | \$3.00 |
| Age 40 - 49 | \$6.00 |
| Age 50 - 59 | \$13.00 |
| Age 60 - 64 | \$23.00 |
| Age 65 - 69 | \$35.00 |
| Age 70 - 74 | \$60.00 |
| Age 75 and older | \$88.00 |

| | MONTHLY RATE |
|-----------------------------------|--------------|
| \$30,000 Life and AD&D | |
| Under age 40 | \$4.50 |
| Age 40 - 49 | \$9.00 |
| Age 50 - 59 | \$19.50 |
| Age 60 - 64 | \$34.50 |
| Age 65 - 69 | \$52.50 |
| Age 70 - 74 | \$90.00 |
| Age 75 and older | \$132.00 |

| | MONTHLY RATE |
|-----------------------------------|--------------|
| \$40,000 Life and AD&D | |
| Under age 40 | \$6.00 |
| Age 40 - 49 | \$12.00 |
| Age 50 - 59 | \$26.00 |
| Age 60 - 64 | \$46.00 |
| Age 65 - 69 | \$70.00 |
| Age 70 - 74 | \$120.00 |
| Age 75 and older | \$176.00 |

C Group Survivor Income Insurance

| | MONTHLY RATE |
|------------------|--------------|
| Under age 30 | \$3.18 |
| Age 30 - 34 | \$4.20 |
| Age 35 - 39 | \$5.88 |
| Age 40 - 44 | \$8.90 |
| Age 45 - 49 | \$12.44 |
| Age 50 - 54 | \$15.80 |
| Age 55 and older | \$18.90 |

Age is determined as of previous July 1.

If you are eligible to continue Group Hospital Confinement Indemnity Insurance, please contact MESSA Group Services for rates at 888.888.4167.

D Group Short Term Disability Income Insurance

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

| Annual Salary | Weekly Benefit | 8th Day | 29th Day |
|---------------|----------------|---------|----------|
| \$ 1,300 | \$ 20 | \$ 2.00 | \$ 1.40 |
| 2,600 | 40 | 4.00 | 2.80 |
| 3,900 | 60 | 6.00 | 4.20 |
| 5,200 | 80 | 8.00 | 5.60 |
| 6,500 | 100 | 10.00 | 7.00 |
| | | | |
| 8,000 | 120 | 12.00 | 8.40 |
| 9,500 | 140 | 14.00 | 9.80 |
| 11,000 | 160 | 16.00 | 11.20 |
| 12,500 | 180 | 18.00 | 12.60 |
| 14,000 | 200 | 20.00 | 14.00 |
| | | | |
| 15,500 | 220 | 22.00 | 15.40 |
| 17,000 | 240 | 24.00 | 16.80 |
| 18,500 | 260 | 26.00 | 18.20 |
| 20,000 | 280 | 28.00 | 19.60 |
| 21,500 | 300 | 30.00 | 21.00 |
| | | | |
| 23,000 | 320 | 32.00 | 22.40 |
| 24,500 | 340 | 34.00 | 23.80 |
| 26,000 | 360 | 36.00 | 25.20 |

| Annual Salary | Weekly Benefit | 8th Day | 29th Day |
|---------------|----------------|----------|----------|
| \$ 27,500 | \$ 380 | \$ 38.00 | \$ 26.60 |
| 29,000 | 400 | 40.00 | 28.00 |
| 30,500 | 420 | 42.00 | 29.40 |
| 32,000 | 440 | 44.00 | 30.80 |
| 33,500 | 460 | 46.00 | 32.20 |
| | | | |
| 35,000 | 480 | 48.00 | 33.60 |
| 36,500 | 500 | 50.00 | 35.00 |
| 38,000 | 520 | 52.00 | 36.40 |
| 39,500 | 540 | 54.00 | 37.80 |
| 41,000 | 560 | 56.00 | 39.20 |
| | | | |
| 42,500 | 580 | 58.00 | 40.60 |
| 44,000 | 600 | 60.00 | 42.00 |
| 45,500 | 620 | 62.00 | 43.40 |
| 47,000 | 640 | 64.00 | 44.80 |
| 48,500 | 660 | 66.00 | 46.20 |
| | | | |
| 50,000 | 680 | 68.00 | 47.60 |
| 51,500 | 700 | 70.00 | 49.00 |

Group Long Term Disability Income Insurance

IMPORTANT — If you are enrolled in an employer-sponsored long term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

You may elect one \$100 monthly benefit unit for each \$2,000 of annual school salary up to \$30,000. The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52 week waiting period.

Option 1: Benefits may be provided up to five years but not beyond the day before your 70th birthday.

Option 2: Benefits may be provided, but not beyond the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

Determine the unit rate below at your attained age for the option selected. Multiply the rate times the number of \$100 units you elect. Example: If you are age 35, earn \$18,200 in annual school salary and elect the maximum benefit allowed of 9 units (\$900 monthly benefit) and also elect Option 2, your contribution rate is \$2.70 (9 units at \$.30 per unit). Age is determined as of previous July 1.

| | Option 1 | Option 2 |
|---|----------|----------|
| <i>Monthly Rate for each \$100 Monthly Benefit Unit</i> | | |
| Under Age 40 | \$.20 | \$.30 |
| Age 40 - 49 | .50 | .80 |
| Age 50 and Older | 1.40 | 2.10 |