



Good health. Good business. Great schools.

1475 Kendale Blvd., PO Box 2560
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. 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.

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

COVERAGE INFORMATION

All health coverage includes \$5,000 Basic Term Insurance, AD&D and major medical coverage.

Section A: HEALTH COVERAGE. Includes checkboxes for PAK A, PAK B, PAK C, OTHER PAK/BUNDLE, Non-PAK HEALTH COVERAGE, and Member/Spouse/Child/Family options. Includes a field for Mandatory mail cost.

Section B: OPTIONAL LIFE COVERAGE. Includes checkboxes for \$5,000 BASIC TERM LIFE INSURANCE and AD&D, \$2,000 DEPENDENT LIFE INSURANCE ON SPOUSE & EACH ELIGIBLE CHILD, and SUPPLEMENTAL TERM LIFE INSURANCE with various amounts. Includes an Important Note box.

Section C: GROUP SURVIVOR INCOME INSURANCE. Includes checkboxes for MONTHLY BENEFITS FOR ELIGIBLE DEPENDENTS ARE \$400 FOR SPOUSE AND \$200 FOR CHILDREN. Includes a field for cost.

Section D: OPTIONAL DISABILITY INCOME INSURANCE. Includes checkboxes for SHORT TERM and LONG TERM DISABILITY INCOME INSURANCE with benefit and begin date options. Includes a field for cost.

FOR EMPLOYER'S USE ONLY - EMPLOYER MUST COMPLETE FOR APPLICATION PROCESSING

Form for Employer's Use Only including fields for Negotiated Benefit Programs (LIFE, AD&D, DEPENDENT LIFE, STD, LTD, VISION, DENTAL, DENTAL COB), Job Code, Employee Job Title, Date of Hire, Accumulated Sick Days, Annual Salary, and Employer's Stamp or Group Number.

Form for Effective Date and Total Contribution, including a signature line for the applicant and a date field. Includes a large text block with terms and conditions.

# 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.

<b>\$10,000 Life and AD&amp;D</b>	MONTHLY RATE
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

<b>\$20,000 Life and AD&amp;D</b>	MONTHLY RATE
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

<b>\$30,000 Life and AD&amp;D</b>	MONTHLY RATE
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

<b>\$40,000 Life and AD&amp;D</b>	MONTHLY RATE
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
Monthly Rate for each \$100 Monthly Benefit Unit		
Under Age 40	\$.20	\$.30
Age 40 - 49	.50	.80
Age 50 and Older	1.40	2.10