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

messa ABC
ACCOUNT-BASED CHOICES®

Member Application for MESSA ABC Benefits

MEMBER INFORMATION

Please PRINT clearly or TYPE

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)	MALE	FEMALE	FIRST NAME	MI	LAST NAME
		☐	☐			

MAILING ADDRESS	APT #	CITY	STATE	ZIP CODE	HOME PHONE	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.

SPOUSE	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)	GENDER
			MALE ☐ FEMALE ☐

DEPENDENT	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
			MALE ☐ FEMALE ☐
DEPENDENT	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
			MALE ☐ FEMALE ☐
DEPENDENT	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
			MALE ☐ FEMALE ☐

COVERAGE INFORMATION

*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.*

A HEALTH COVERAGE

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

☐ MEMBER ☐ MEMBER & SPOUSE ☐ MEMBER & CHILD ☐ FULL FAMILY

Do you, your spouse or dependents have dental coverage through another source? ☐ No ☐ Yes If yes, indicate who is covered ☐ Self ☐ Spouse ☐ Dependents

	In-network coinsurance	Rx	Mandatory mail
☐ MESSA ABC PLAN 1	☐ 0% ☐ 10% ☐ 20%	☐ ABC Rx ☐ 3-Tier Rx	☐ Yes ☐ No
☐ MESSA ABC PLAN 2	☐ 0% ☐ 10% ☐ 20%	☐ ABC Rx ☐ 3-Tier Rx ☐ 3-Tier Rx with mandatory mail	
☐ MESSA ABC PLAN 3	☐ 10% ☐ 20%		

☐ PAK B ☐ BUNDLE 1 ☐ BUNDLE 2 ☐ Non-PAK HEALTH COVERAGE (see employer for plan choices): _____. $_____

B OPTIONAL LIFE COVERAGE **Please refer to page three for Life Insurance rates.**

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.

☐ $5,000 BASIC TERM LIFE INSURANCE and AD&D **Note: Available only if not enrolling in MESSA Health Coverage.** $_____

☐ $2,000 DEPENDENT LIFE INSURANCE ON SPOUSE & EACH ELIGIBLE CHILD $_____

☐ SUPPLEMENTAL TERM LIFE INSURANCE ☐ $10,000 + AD&D ☐ $20,000 + AD&D ☐ $30,000 + AD&D ☐ $40,000 + AD&D $_____

C GROUP SURVIVOR INCOME INSURANCE **Please refer to page three for rates.**

☐ MONTHLY BENEFITS FOR ELIGIBLE DEPENDENTS ARE $400 FOR SPOUSE AND $200 FOR CHILDREN $_____

D OPTIONAL DISABILITY INCOME INSURANCE **Please refer to page three for rates.**

☐ SHORT TERM DISABILITY INCOME INSURANCE Weekly Benefit: $_____ Benefit Begins: ☐ 8th Day ☐ 29th Day $_____

☐ LONG TERM DISABILITY INCOME INSURANCE Monthly Benefit: $_____ ☐ Option 1 ☐ Option 2 $_____

EFFECTIVE DATE

TOTAL CONTRIBUTION $ 0.00

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

NEGOTIATED BENEFIT PROGRAMS - Non-PAK COVERAGE **EFFECTIVE DATE:**

- ☐ LIFE Volume $
- ☐ AD&D Volume $
- ☐ DEPENDENT LIFE
- ☐ OPTIONAL LIFE and AD&D Volume $
- ☐ STD Weekly Benefit $ Begins: ☐ 8th Day ☐ 29th Day
- ☐ LTD
- ☐ VISION: ☐ Single ☐ Full Family ☐ 2 Person
- ☐ DENTAL: ☐ Single ☐ Full Family ☐ 2 Person
- DENTAL COB? ☐ Yes ☐ No

JOB CODE	EMPLOYEE JOB TITLE	DATE OF HIRE

ACCUMULATED SICK DAYS:

ANNUAL SALARY

- ☐ EMPLOYED FULL TIME
- ☐ EMPLOYED PART-TIME: HRS PER WEEK
- ☐ NEW ENROLLEE
- ☐ REHIRE/REINSTATE
- ☐ TRANSFER TO NEW JOB

EMPLOYER'S INITIALS & DATE	EMPLOYER'S STAMP OR GROUP NUMBER

- I accept the terms of the HealthEquity HSA Custodial Agreement which is available by clicking on "Forms and Documents" in the Resource Center on www.healthyequity.com
- In compliance with the USA PATRIOTS act, HealthEquity must verify the identity of all customers seeking to open an HSA. As part of this identity verification process, you may be asked to provide additional information and/or documentation before your account can be established.

Blue Cross and Blue Shield of Michigan issues the group major medical expense coverages under a group agreement with MESSA. 4 Ever Life Ins. Co. issues medical expense coverages under group policy number SMM29194. Life Insurance Company of North America (LINA) insures all other listed coverages under group policy numbers with MESSA. I apply for the coverage elected herein for which I am eligible. I understand that any coverage elected is not effective until approved by MESSA's carriers and the first contribution for the cost of such coverage is paid. I further understand that it is my responsibility to notify MESSA of any change in my employment status or any dependent's eligibility for coverage. I consent to the release to and by BCBSM or 4 Ever Life of all medical, hospital and other information necessary for BCBSM or 4 Ever Life business purposes. I also consent to the release to and by MESSA of all medical, hospital and other information necessary for MESSA business purposes. A photographic copy of this application shall be as valid as the original.

SIGNATURE OF APPLICANT	DATE (MM-DD-YYYY)
X	

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.

$10,000 Life and AD&D	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

$20,000 Life and AD&D	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

$30,000 Life and AD&D	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

$40,000 Life and AD&D	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.

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