



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, B, C, and Other PAK/Bundle, and Non-PAK Health Coverage. Also includes a question about dental coverage through another source.

Section B: OPTIONAL LIFE COVERAGE. Includes checkboxes for \$5,000 Basic Term Life Insurance and AD&D, \$2,000 Dependent Life Insurance, and Supplemental Term Life Insurance. Includes an Important Note box.

Section C: GROUP SURVIVOR INCOME INSURANCE. Includes a checkbox for monthly benefits for eligible dependents.

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

Form for Employer's Use Only including fields for Negotiated Benefit Programs, Job Code, Employee Job Title, Date of Hire, Accumulated Sick Days, Annual Salary, and Vision/Dental coverage.

Form for Effective Date and Total Contribution, including a signature line and a large explanatory text block about insurance coverage.

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# 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 January 1, 2019.

| <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 January 1, 2019.

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 January 1, 2019.

|  | 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     |