



Good health. Good business. Great schools.

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Request for Group Benefit Implementation

This form must be completed by all employers with groups enrolling in or changing benefits.

Employer Information (Please Print)

Form with fields for Employer, School #, Federal Employer Identification #, Contact, Email, and Phone.

Group Eligibility Information (Please complete a separate form for each employee group)

Form with fields for Employee Group, Full-time/Part-time options, and Eligibility Rules.

Group Benefit Implementation (All required documents must be received at least 30 days prior to the requested effective date)

Form with fields for Requested Effective Date, Quote ID, and Benefit selection options.

MEDICAL

Form with multiple checkboxes for medical plan options, HSA, and EA1 Rider.

Is group coming from a BCBSM plan? Yes No If yes, has a 30-day cancellation notice been provided to Blue Cross? Yes No

Form with fields for In-Network Deductible, Out-of-Network Deductible, OV/UC/ER, and Rx.

DENTAL (Class III & IV can't exceed Class I & II)

Form with fields for Class I/II/III, Annual Max, Class IV, Lifetime Max, and Riders.

What class are X-Rays being paid under? Class I Class II Prior Dental Carrier

VISION

Form with checkboxes for VSP-1, VSP-1 B, VSP-2, VSP-2 S, VSP-3, VSP-3 G, VSP-3 Plus, and VSP-3 Plus P.

NEGOTIATED LIFE/AD&D & NEGOTIATED DEPENDENT LIFE

Form with fields for Life Amount, AD&D, Spouse, and Children.

NEGOTIATED LONG TERM DISABILITY (LTD)

Do you have LTD through another source? Yes No

Replacement %	Maximum Benefit	Waiting Period	Wait Type	Alcohol/Drug
Mental/Nervous	SS offset	Own-Occ	Min Benefit	Survivor Income Benefit
Other <input type="checkbox"/> COLA <input type="checkbox"/> Pre-X <input type="checkbox"/> Freeze on Offsets <input type="checkbox"/> Educ Supplement Program				Please provide an updated list of employees' salaries and sick days.

Comments: _____

Note: A signed Employer Participation Agreement must be on file with MESSA to implement benefit changes.

Employer Authorized Signature

Date