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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)

Employer	School #	Federal Employer Identification #
Contact	Email	Phone ()

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

Employee Group (e.g., teachers): _____

Full-time Part-time — Number of hours _____ Eligibility Rules _____
(located on the Group Benefit Program Statement; e.g., 123A)

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

Requested Effective Date: _____ Quote ID: _____ New Benefits Change in Benefits

Are you electing a change for PAK A PAK B PAK C Non-PAK Other PAK/Bundle: _____

Medical

<input type="checkbox"/> MESSA Choices	Deductible <input type="checkbox"/> \$100/\$200 <input type="checkbox"/> \$200/\$400 <input type="checkbox"/> \$300/\$600	Office visit <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20	Rx <input type="checkbox"/> \$10/\$20 <input type="checkbox"/> Saver Rx	EA1 Rider <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> MESSA Choices	Deductible <input type="checkbox"/> \$500/\$1,000 <input type="checkbox"/> \$1,000/\$2,000	In-network Coinsurance <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20%	Rx <input type="checkbox"/> 3-Tier <input type="checkbox"/> Saver Rx	Mandatory Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	EA1 Rider <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> MESSA Choices	Deductible <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$3,000/\$6,000	Office visit <input type="checkbox"/> \$20	Rx <input type="checkbox"/> Saver Rx	EA1 Rider <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> MESSA ABC Plan 1	In-network Coinsurance <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20%	Mandatory Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	EA1 Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	HSA through HealthEquity <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> MESSA ABC Plan 2	In-network Coinsurance <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20%	EA1 Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	HSA through HealthEquity <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> MESSA ABC Plan 3	In-network Coinsurance <input type="checkbox"/> 10% <input type="checkbox"/> 20%	EA1 Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	HSA through HealthEquity <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dental (Class III & IV can't exceed Class I & II)

Class I/II/III ____%/____%/____%	Annual Max	Class IV %	Lifetime Max	Riders <input type="checkbox"/> 3 Cleanings <input type="checkbox"/> 4 Cleanings <input type="checkbox"/> Sealants <input type="checkbox"/> Adult Ortho
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What class are X-Rays being paid under? Class I Class II Prior Dental Carrier _____

Vision

<input type="checkbox"/> VSP-1 <input type="checkbox"/> VSP-1 B	<input type="checkbox"/> VSP-2 <input type="checkbox"/> VSP-2 S	<input type="checkbox"/> VSP-3 <input type="checkbox"/> VSP-3 G	<input type="checkbox"/> VSP-3 PLUS 200CL <input type="checkbox"/> VSP-3 PLUS P 250CL
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Negotiated life/AD&D & Negotiated Dependent Life

Life Amount	AD&D	Spouse	Children
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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