MESSA
www.messa.org

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

Please PRINT clearly or TYPE

MEMBER INFORMATION

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

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	DAYTIME 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			
				MALE ☐ FEMALE ☐
Dependent	Relationship To Member			
				MALE ☐ FEMALE ☐
Dependent	Relationship To Member			
				MALE ☐ FEMALE ☐

IMPORTANT: 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.

COVERAGE INFORMATION

A HEALTH COVERAGE

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

☐ PAK A ☐ PAK B ☐ PAK C ☐ OTHER PAK / BUNDLE:________ ☐ Non-PAK HEALTH COVERAGE (see employer for plan choices): ________

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

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

$ ________

B OPTIONAL LIFE COVERAGE

Please refer to the back of this form for Life Insurance rates.

☐ $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 $ ________

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.

C OPTIONAL DISABILITY INCOME INSURANCE

Please refer to the back of this form 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 $ ________

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

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

EFFECTIVE DATE	TOTAL CONTRIBUTION $

Blue Cross and Blue Shield of Michigan issues the group major medical expense coverages under a group agreement with MESSA. BCS 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 BCS for business purposes. I also consent to the release 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	$84.00

$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

If you are eligible to continue Group Hospital Confinement Indemnity Insurance, please contact MESSA Group Services for rates at 888.888.4167.

C

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: Provides benefits for up to 5 years if disabled prior to age 66; up to 4 years if disabled while age 66; up to 3 years if disabled while age 67; up to 2 years if disabled while age 68; and up to 1 year if disabled at age 69 or older.

Option 2: Provides benefits up to age 70 if disabled prior to age 69; up to 1 year if disabled at or after age 69.

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