1475 Kendale Blvd., PO Box 2560 East Lansing, MI 48826-2560 Questions? Call 888.888.4167 Fax 517.203.2914

www.messa.org

MESSA ABC

Member Application for MESSA ABC Benefits

FOR EMPLOYER'S USE ONLY — EMPLOYER MUST COMPLETE FOR APPLICATION PROCESSING NEGOTIATED BENEFIT PROGRAMS - Non-PAK COVERAGE LIFE Volume \$ AD&D Volume \$ DEPENDENT LIFE OPTIONAL LIFE and AD&D Volume \$ STD Weekly Benefit \$ Begins: Bth Day 29th Day LITO VISION: Single Full Family 2 Person DENTAL: Single Full Family 2 Person DATE (MM-DD-YYYY) ATERICATION PROCESSING **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 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 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 hedge whether 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. **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. is medical expense coverages under group policy numbers with MESSA. 1 apply for the coverage elected herein for which I am eligible. I understand that its provide additional information and/or documentation before your account can be establ											
DEPENDENT INFORMATION Insert order 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 of the paper of the pa	MEMBER INFORMATION PI	ease PRINT clearly or TYPE									
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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



Check with your employer's business office for this rate.



Life Coverage

MONTHLY RATE \$2.36

\$5,000 Group Basic Term Life Insurance

64.40

\$2,000 Group Dependent Life Insurance

\$1.48

Group Supplemental Life Insurance

Age is determined as of previous July1.

\$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



Group Survivor Income Insurance

MONTHLY RATE
\$3.18
\$4.20
\$5.88
\$8.90
\$12.44
\$15.80
\$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.



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