



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) _____ 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 | DEPENDENT | DEPENDENT | DEPENDENT |
|---|---|---|---|
| Relationship To Member _____ | Relationship To Member _____ | Relationship To Member _____ | Relationship To Member _____ |
| DATE OF BIRTH (MM-DD-YYYY) _____ | DATE OF BIRTH (MM-DD-YYYY) _____ | DATE OF BIRTH (MM-DD-YYYY) _____ | DATE OF BIRTH (MM-DD-YYYY) _____ |
| SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | SEX <input type="checkbox"/> MALE <input type="checkbox"/> 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): _____
 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

C GROUP SURVIVOR INCOME INSURANCE

Please refer to the back of this form for rates.
 MONTHLY BENEFITS FOR ELIGIBLE DEPENDENTS ARE \$400 FOR SPOUSE AND \$200 FOR CHILDREN
 IMPORTANT: Only available to members that currently have this optional insurance. You must carry Basic Term Life Insurance to continue Survivor Income Insurance or Supplemental Term Life Insurance.

D OPTIONAL DISABILITY INCOME INSURANCE

Please refer to the back of this form for rates.
 SHORT TERM DISABILITY INCOME INSURANCE
 LONG TERM DISABILITY INCOME INSURANCE
 Weekly Benefit: \$ _____ Benefit Begins: 8th Day 29th Day
 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 \$ _____ | EMPLOYEE JOB TITLE | DATE OF HIRE |
| AD&D | Volume \$ _____ | EMPLOYED FULL TIME | EMPLOYED PART-TIME |
| DEPENDENT LIFE | Volume \$ _____ | NEW ENROLLEE | REHIRE / REINSTATE |
| OPTIONAL LIFE and AD&D | Volume \$ _____ | TRANSFER TO NEW JOB | EMPLOYER'S STAMP OR GROUP NUMBER |
| STD | Weekly Benefit \$ _____ | ANNUAL SALARY | |
| LTD | Begin: 8th Day 29th day | EMPLOYER'S INITIALS & DATE | |
| VISION: | Single Full Family | | |
| | 2 Person | | |

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.

| 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 BCSM or BCS of all medical, hospital and other information necessary for BCSM or BCS business purposes. I also consent to the release to 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) _____

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.

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 | | \$20,000 Life and AD&D | |
|------------------------|--------------|------------------------|--------------|
| | MONTHLY RATE | | MONTHLY RATE |
| Under age 40 | \$ 1.50 | Under age 40 | \$ 3.00 |
| Age 40 - 49 | \$ 3.00 | Age 40 - 49 | \$ 6.00 |
| Age 50 - 59 | \$ 6.50 | Age 50 - 59 | \$ 13.00 |
| Age 60 - 64 | \$ 11.50 | Age 60 - 64 | \$ 23.00 |
| Age 65 - 69 | \$ 17.50 | Age 65 - 69 | \$ 35.00 |
| Age 70 - 74 | \$ 30.00 | Age 70 - 74 | \$ 60.00 |
| Age 75 and older | \$ 44.00 | Age 75 and older | \$ 80.00 |

| \$30,000 Life and AD&D | | \$50,000 Life and AD&D | |
|------------------------|--------------|------------------------|--------------|
| | MONTHLY RATE | | MONTHLY RATE |
| Under age 40 | \$ 4.50 | Under age 40 | \$ 6.00 |
| Age 40 - 49 | \$ 9.00 | Age 40 - 49 | \$ 12.00 |
| Age 50 - 59 | \$ 19.50 | Age 50 - 59 | \$ 26.00 |
| Age 60 - 64 | \$ 34.50 | Age 60 - 64 | \$ 46.00 |
| Age 65 - 69 | \$ 52.50 | Age 65 - 69 | \$ 70.00 |
| Age 70 - 74 | \$ 90.00 | Age 70 - 74 | \$ 120.00 |
| Age 75 and older | \$ 132.00 | Age 75 and older | \$ 176.00 |

C Group Survivor Income Insurance

Age is determined as of previous July 1.

| | MONTHLY RATE |
|------------------|--------------|
| Under age 30 | \$ 3.18 |
| Age 30 - 34 | \$ 4.20 |
| Age 35 - 39 | \$ 6.88 |
| Age 40 - 44 | \$ 8.90 |
| Age 45 - 49 | \$ 12.44 |
| Age 50 - 54 | \$ 15.60 |
| Age 55 and older | \$ 19.90 |

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 | Annual Salary | Weekly Benefit | 8th Day | 29th Day |
|---------------|----------------|---------|----------|---------------|----------------|----------|----------|
| \$ 1,300 | \$ 20 | \$ 2.00 | \$ 1.40 | \$ 27,500 | \$ 380 | \$ 38.00 | \$ 26.60 |
| 2,600 | 40 | 4.00 | 2.80 | 28,000 | 400 | 40.00 | 28.00 |
| 3,900 | 60 | 6.00 | 4.20 | 30,500 | 420 | 42.00 | 29.40 |
| 5,200 | 80 | 8.00 | 5.60 | 32,000 | 440 | 44.00 | 30.80 |
| 6,500 | 100 | 10.00 | 7.00 | 33,500 | 460 | 46.00 | 32.20 |
| 8,000 | 120 | 12.00 | 8.40 | 35,000 | 480 | 48.00 | 33.60 |
| 9,500 | 140 | 14.00 | 9.80 | 36,500 | 500 | 50.00 | 35.00 |
| 11,000 | 160 | 16.00 | 11.20 | 38,000 | 520 | 52.00 | 36.40 |
| 12,500 | 180 | 18.00 | 12.60 | 39,500 | 540 | 54.00 | 37.80 |
| 14,000 | 200 | 20.00 | 14.00 | 41,000 | 560 | 56.00 | 39.20 |
| 15,500 | 220 | 22.00 | 15.40 | 42,500 | 580 | 58.00 | 40.60 |
| 17,000 | 240 | 24.00 | 16.80 | 44,000 | 600 | 60.00 | 42.00 |
| 18,500 | 260 | 26.00 | 18.20 | 45,500 | 620 | 62.00 | 43.40 |
| 20,000 | 280 | 28.00 | 19.60 | 47,000 | 640 | 64.00 | 44.80 |
| 21,500 | 300 | 30.00 | 21.00 | 48,500 | 660 | 66.00 | 46.20 |
| 23,000 | 320 | 32.00 | 22.40 | 50,000 | 680 | 68.00 | 47.60 |
| 24,500 | 340 | 34.00 | 23.80 | 51,500 | 700 | 70.00 | 49.00 |
| 26,000 | 360 | 36.00 | 25.20 | | | | |

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.

| | Option 1 | Option 2 |
|------------------|----------|----------|
| Under Age 40 | \$.20 | \$.30 |
| Age 40 - 49 | .50 | .80 |
| Age 50 and Older | 1.40 | 2.10 |

Monthly Rate for each \$100 Monthly Benefit Unit

BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America



CIGNA Group Insurance
Life • Accident • Disability

Employer Name MICHIGAN EDUCATION SPECIAL SERVICES ASSOC.

Employee Name _____ Employee Social Security # _____

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format.*

Please review the back of the form for Guidelines for Designation of Beneficiaries.

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

| Negotiated Life Insurance, Life Insurance Company of North America - Policy No. FL198001 | | | | |
|---|---------------------------------|-------------------------------|----------------------|----------------------------------|
| Employee's Primary Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
| | | | | |
| | | | | |
| Employee's Contingent Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
| | | | | |
| | | | | |
| Non-Negotiated Life Insurance, Life Insurance Company of North America - Policy No. FL198012 | | | | |
| Employee's Primary Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
| | | | | |
| | | | | |
| Employee's Contingent Beneficiary(ies): | Relationship to Employee | Social Security Number | Date of Birth | % (total must equal 100%) |
| | | | | |
| | | | | |

If you need additional space, using the above format, please attach a separate piece of paper with the appropriate policy number, the date and your signature.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

| Employee's Primary Beneficiary(ies) | Relationship to Employee | Social Security Number | Date of Birth | If Total must equal 100% |
|--|--------------------------|------------------------|---------------|--------------------------|
| | | | | |
| Employee's Contingent Beneficiary(ies) | Relationship to Employee | Social Security Number | Date of Birth | If Total must equal 100% |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you need additional space, attach a separate piece of paper with the appropriate policy number, the date and your signature.

While you may designate anyone as beneficiary, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary pay ment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date _____

Owner Signature _____ Date _____