

Group Life and Disability Proposal Process & Data Checklist



1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9711

www.mersofmich.com

Thank you for your interest in purchasing MERS Group Life & Disability Insurance through The Standard. Before we can process your request, please complete this form and send the additional information below to:

1134 Municipal Way Lansing, MI 48917 | Fax: 517.703.9707

ABOUT YOUR MUNICIPALITY

Municipality Name: _____
 Contact: _____
 Email: _____
 Phone: _____
 Fax: _____
 Requested Effective Date: _____

ABOUT YOUR PLAN ELIGIBILITY

Covered Members

A regular employee must work _____ hours per week to be eligible for coverage

Eligibility waiting period (please choose from the following)

_____ Date of hire
 _____ First day following
 (please specify, i.e., 30 days, 60 days, etc.) _____
 _____ First day of the month following
 (please specify, 30 days, 60 days, etc.) _____
 _____ Other: _____

ADDITIONAL REQUIRED INFORMATION

Please send these additional documents to MERS to ensure speedy processing of your proposal:

- Census* – most current for active and retirees (if applicable)
- Copy of your current carrier's benefit booklet or certificate of coverage
- Copy of your current carrier's most recent billing statement

*Census includes: name, date of birth, date of hire, sex, salary, and class (if applicable)

ABOUT YOUR PLAN STRUCTURE

Life Insurance – current rates are _____ per \$1000 of coverage
 Flat \$ _____ 1x salary _____ 2x salary _____
 Maximum Benefit: \$ _____

Please check here if life insurance is offered to retirees
 Level of benefit: _____ Contributory: yes no

Accidental Death & Dismemberment – current rates are: _____ per \$1000 of coverage

Short Term Disability – current rates are _____ per \$10 of coverage

Weekly benefit: 60% 66²/₃% 70%
 Other: _____

Maximum weekly benefit \$ _____
 Minimum weekly benefit \$ _____

Accident/Sickness benefits begin on:

- 1st day/8th day 8th day/8th day
- 1st day/15th day 15th day/15th day
- 30th day/30th day

Maximum benefit period: 13 weeks 26 weeks

Long Term Disability – current rates are _____ per \$100 of coverage

Monthly benefit: 50% 60% 66²/₃%
 Other: _____

Maximum monthly benefit \$ _____
 Minimum monthly benefit \$ _____

Benefit waiting period: 90 days 180 days
 Other: _____

Maximum benefit period: Eligible to age 65

**If more than one class receives coverage, please attach separate sheet defining benefit structure and definition of each class.*