

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.*