MESSA
www.messa.org

Michigan Education
Special Services Association
1475 Kendale Blvd., P.O. Box 2560,
East Lansing, Michigan 48826-2560
888 / 888-4167

GROUP APPLICATION - MESSA CHOICES II

PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE		
LAST NAME	FIRST	MIDDLE	MALE	FEMALE
STREET ADDRESS	CITY	STATE	ZIP	
COUNTY	E-MAIL			

DEPENDENT INFORMATION: INCLUDE SPOUSE, UNMARRIED CHILDREN UNDER THE AGE OF 25, IF YOU PROVIDE MAJORITY OF SUPPORT AND SPONSORED DEPENDENTS. SEE THE ENROLLMENT INFORMATION BROCHURE FOR THE SPECIFIC DEFINITION OF ELIGIBLE DEPENDENTS IF NECESSARY. INCLUDE ADDITIONAL DEPENDENT INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION.

Name (Last) (First) (Middle)	Social Security Number	Birth Date	Sex	
Spouse			☐ M ☐ F	☐ College Student ☐ Sponsor ☐ IRS Dependent ☐ Maj. Spt. ☐ Disabled
Dependent			☐ M ☐ F	☐ College Student ☐ Sponsor ☐ IRS Dependent ☐ Maj. Spt. ☐ Disabled
Dependent			☐ M ☐ F	☐ College Student ☐ Sponsor ☐ IRS Dependent ☐ Maj. Spt. ☐ Disabled
Dependent			☐ M ☐ F	☐ College Student ☐ Sponsor ☐ IRS Dependent ☐ Maj. Spt. ☐ Disabled
Dependent			☐ M ☐ F	☐ College Student ☐ Sponsor ☐ IRS Dependent ☐ Maj. Spt. ☐ Disabled

BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY (Enter full name) ____________________ Relationship ____________________

If living, otherwise; **SECONDARY BENEFICIARY** (Enter full name) ____________________ Relationship ____________________

FOR EMPLOYER'S USE ONLY. EMPLOYER MUST COMPLETE FOR APPLICATION PROCESSING.

JOB CODE: ANNUAL SALARY DATE OF HIRE

ACCUMULATED SICK DAYS: EMPLOYEE JOB TITLE

EMPLOYED FULL TIME EMPLOYED PART-TIME: HRS PER WEEK __________

EMPLOYER'S INITIALS & DATE EMPLOYER'S STAMP

NEW ENROLLEE REHIRE / REINSTATE TRANSFER TO NEW JOB

NEGOTIATED BENEFIT PROGRAMS – Non PAK Coverage

☐ **LIFE: Effective Date** __________

☐ AD&D Effective Date __________

☐ Dependent Life Effective Date __________

☐ Optional Life & AD&D Effective Date __________ Volume $

☐ **LTD:* Effective Date** __________

☐ **STD: Effective Date** __________

Weekly Benefit $ __________

Begins: ☐ 8th Day ☐ 29th Day

☐ **VISION: Effective Date** __________

DISTRIBUTION: GOLDENROD - MESSA YELLOW - EMPLOYER PINK - EMPLOYEE

A HEALTH COVERAGE

All health coverages except MESSA PAK B include $5,000 Basic Term Life, AD&D and major medical coverage.

☐ PAK A ☐ PAK B ☐ Non-PAK Health Coverage

☐ Member ☐ Member & Spouse ☐ Member & Child ☐ Full Family

Do you have dental coverage through another source? ☐ YES ☐ NO

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

B LIFE COVERAGE

☐ $5,000 Group Basic Term Life Insurance & AD&D (available only if not enrolling in MESSA Health Coverage) $ ______

☐ $2,000 Group Dependent Life Insurance on spouse & each eligible child $ ______

Complete the following health questions if you enroll for Survivor Income or Supplemental Term Life Insurance.

Height______ Weight______ Circle any/all of the following six conditions that you have been diagnosed with or treated for in the past two years:

Cancer Diabetes Heart Disease High Blood Pressure Rheumatic Fever Tumor

C GROUP SURVIVOR INCOME INSURANCE

Monthly benefits for eligible dependents are $400 for spouse and $200 for children.

Do you want this coverage? ☐ YES ☐ NO $ ______

D GROUP SUPPLEMENTAL TERM LIFE INSURANCE

☐ $10,000 + AD&D ☐ $20,000 + AD&D ☐ $30,000 + AD&D ☐ $40,000 + AD&D $ ______

E GROUP SHORT TERM DISABILITY INCOME INSURANCE*

Weekly Benefit $__________ Benefit Begins: ☐ 8TH DAY ☐ 29TH DAY $ ______

F GROUP LONG TERM DISABILITY INCOME INSURANCE*

Monthly Benefit $__________ ☐ OPTION 1 ☐ OPTION 2 $ ______

EFFECTIVE DATE __________ **TOTAL CONTRIBUTION** $

Blue Cross and Blue Shield of Michigan issues the group major medical expense coverage under a group agreement with MESSA. BCS issues medical expense coverage under group policy number SMM29194. Connecticut General insures all other listed coverages under group policy numbers 57200 and 57220 with MESSA. I apply for the coverages 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 coverages 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 and BCS of all medical, hospital and other information necessary for BCBSM 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 X __________ Date __________