

Group Life and Disability Proposal Process & Data Checklist



1134 Municipal Way Lansing, MI 48917 | 800.767.6377 | Fax 517.703.9707

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: _____
 Address: _____
 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: _____

Your employees participate in Social Security:

- Yes No

ADDITIONAL REQUIRED INFORMATION

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

- **Census** – most current for active and retirees
(Name, date of birth, date of hire, gender, salary, and class – if applicable)
- Copy of your current carrier's **benefit booklet** or **certificate of coverage**
- Copy of your current carrier's most recent **billing statement**
- To provide the most competitive rates, include the most recent **Experience Reports** from your current provider if you have: 1000+ lives for Group Life & AD&D, 250+ lives for LTD, or 100+ lives for STD.

ABOUT YOUR PLAN STRUCTURE

Life Insurance – Current rates are _____ per \$1000 of coverage

Flat \$ _____ 1x salary 1.5x 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

Self-insured

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.*