

Group Life and Disability Proposal Process & Data Checklist



1134 Municipal Way Lansing, MI 48917 | 800.767.6377 | Fax 517.703.9706

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: 517.703.9706

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% ☐ 66 $\frac{2}{3}$ % ☐ 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% ☐ 66 $\frac{2}{3}$ %

☐ 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.*