



The Standard[®]

Standard Insurance Company
Unit 98 PO Box 4800 Portland OR 97208-4800



**Municipal Employees' Retirement
System of Michigan (MERS)
Participating Entity Application
Under 25 Lives**

Complete this form to apply for group insurance coverage available to Participating Entities of the Municipal Employees' Retirement System of Michigan (MERS) which sponsors these programs. Check each section below before you sign. Your signature applies to all sections. Retain a photocopy of this form for your records.

SECTION I: GENERAL INFORMATION

Participating Entity's Full Legal Name:				
Business Address:	City:	State:	Zip Code:	Phone No.: ()
Billing Address:	City:	State:	Zip Code:	Phone No.: ()
Participating Entity Tax ID No.:	Entity Type: <input type="checkbox"/> County <input type="checkbox"/> City/Township/Village/Library <input type="checkbox"/> Other: _____			
MERS Municipality Number:			Requested Effective Date:	

This application must be submitted prior to the requested effective date. The actual effective date will be determined by Standard Insurance Company.

Does this insurance replace or supplement a Prior Plan of insurance? Yes No

If Yes: Replace: Type of Coverage: _____

Policy No.: _____ Carrier: _____

Supplement: Type of Coverage: _____

Policy No.: _____ Carrier: _____

Effective date of Prior Plan: _____ Termination date of Prior Plan: _____

Prior Plan means the Participating Entity's group insurance plan(s) in effect on the day before the effective date its participation under the Group Policy and which is replaced by the Group Policy.

LTD – Please provide copy of prior carrier's LTD policy or certificate.

Life – A prior carrier's enrollment and/or beneficiary designation forms will not be accepted unless copies of such forms are approved in writing and in advance by The Standard.

The following persons may be eligible for the coverages selected:

- Active employees regularly working at least the minimum number of hours each week required by the Participating Entity, but in no event less than 20 hours. _____ minimum hours/week
- An elected official (Basic Life/AD&D and Dependents Life Insurance, Option 1 only)
- A volunteer firefighter or volunteer public safety officer (Basic Life Insurance only)
- A former employee of the Participating Entity who retired under the Participating Entity's retirement program (Basic Life Insurance only)

The Participating Entity must provide Basic Life Insurance to active employees to provide life insurance coverage to dependents, retirees, elected officials or volunteers.

Basic Life/Basic AD&D (Participating Entity paid):

Total – Employees: _____ Elected Officials: _____ Eligible Retirees: _____

Volunteer Firefighters, Volunteer Public Safety Officers (Basic Life only): _____

Basic Dependents Life (Option 1 – Participating Entity paid):

Total – Employees: _____ Elected Officials: _____

Short Term Disability Insurance (Participating Entity paid):

Total – Employees: _____

Long Term Disability Insurance (Participating Entity paid):

Total – Employees: _____

Required Participating Entity Contribution: All coverages must be 100% Participating Entity paid, except Additional Employee Life and Additional Dependents Life Insurance, Options 2 and 3.

Eligibility Waiting Period: There is no waiting period on the effective date of participation.

After effective date, the waiting period will be as indicated below:

- Date of Hire
- First day following: One month 30 days 60 days 90 days 180 days
- First day of the month coinciding with or next following:
 - Date of Hire One month 30 days 60 days 90 days 180 days
- First day of the month following:
 - Date of Hire One month 30 days 60 days 90 days 180 days

Evidence of Insurability: A person must complete Part B of the Enrollment Form as follows:

- A) For amounts of Basic Life Insurance greater than \$50,000, if the Participating Entity did not have a prior plan.
- B) For amounts of Basic Life Insurance greater than the guarantee issue amount of the Prior Plan.
\$ _____ Prior Plan's guarantee issue amount.
- C) For all Additional Employee Life Insurance, if the Participating Entity did not have additional employee life insurance under a prior plan.
- D) For amounts of Additional Employee Life Insurance greater than the employee's amount of additional life insurance in effect under the Prior Plan on the day before the effective date.
- E) For new hires, amounts of Additional Employee Life Insurance greater than \$50,000 if the Participating Entity had additional employee life insurance under a Prior Plan.
- F) For all Dependents Life Insurance, Options 2 and 3, if the Participating Entity did not have additional dependents life insurance under a prior plan.
- G) For amounts of Dependents Life Insurance, Option 2, in excess of \$10,000. Waived on effective date for a spouse insured for \$10,000 or more under the Prior Plan on the day before the effective date.
- H) For a maximum LTD Benefit greater than \$2,500 if the Participating Entity did not have LTD coverage under a prior plan.
- I) For a maximum STD Benefit greater than \$500 if the Participating Entity did not have STD coverage under a prior plan.
- J) For any increase in an employee's LTD or STD Benefit because of a change in the maximum benefit amount or benefit percentage for which the employee was insured under the Prior Plan on the day before the effective date.
- K) For a person eligible for more than 31 days under the Prior Plan, but not insured.
- L) For any amount of insurance greater than the amount for which a person was insured under the Prior Plan if insurance was limited because evidence of insurability was either not provided or was not approved.
- M) For any additional coverage if the employee applies more than 31 days after first becoming eligible.
- N) Other evidence of insurability requirements for plan changes and increases apply as stated in the group policies.

Active Work Requirement: An active employee must meet an active work requirement to become insured. Employees who have not met the active work requirement are not insured until returning to work for at least one full day of active work and meeting all other requirements for coverage. **Initial:** _____

Note: For life insurance, an active employee who does not meet the active work requirement may be eligible for waiver of premium with a prior carrier.

SECTION II: BENEFITS

Check Plans and Options Desired

If benefits are collectively bargained, please submit a copy of the union agreement.

A. Basic Employee Life Insurance and AD&D Insurance (Participating Entity paid): Yes No

- Option 1 – 1 times 1.5 times 2 times Annual Earnings
 Maximum Benefit: \$ _____ (Increments of \$25,000, up to \$250,000)
 Option 2 – Flat Benefit: \$ _____ (Increments of \$5,000, up to \$250,000)

Age Reductions: Coverage reduces 35% at age 65, 50% at age 70, and 65% at age 75.

If benefits differ by employee classification, indicate class designations and amounts:

Class: _____ Amount: _____
 Class: _____ Amount: _____
 Class: _____ Amount: _____

Rates: _____ monthly per \$1,000 of Basic Employee Life Insurance
 _____ monthly per \$1,000 of Basic Employee AD&D Insurance

B. Additional Employee Life and AD&D Insurance (Employee paid): Yes No

Maximum Benefit: \$ _____ (Increments of \$5,000, up to \$250,000)
 Age Reductions: Coverage reduces 35% at age 65, 50% at age 70, and 65% at age 75.

At least 15% of eligible employees must apply and qualify for the proposed plan before Additional Employee Life coverage can become effective.

Rates:

Age of Insured on Last January 1	Monthly Rate Per Multiple of \$1,000
Under age 30	\$ 0.08
30 through 34	0.09
35 through 39	0.12
40 through 44	0.19
45 through 49	0.33
50 through 54	0.50
55 through 59	0.84
60 through 64	0.95
65 through 69	1.76
70 or over	2.66

C. Retiree Life Insurance (Participating Entity paid): Yes No

- For a Participating Entity which provided retiree life insurance under the Prior Plan: Amount in effect under Prior Plan (provide copy of policy/certificate), not to exceed \$50,000. Coverage will be reduced according to the age reduction schedule of the Prior Plan, if any.
 For any other Participating Entity: Increments of \$1,000, up to \$10,000. The Participating Entity must provide Basic Life Insurance to active employees to provide Basic Life Insurance to retirees.

Rates:

Age of Insured on Last January 1	Monthly Rate Per Multiple of \$1,000
Under age 50	\$ 0.32
50 through 54	0.36
55 through 59	0.59
60 through 64	0.98
65 through 69	1.80
70 through 74	2.85
75 through 79	4.19
80 through 84	5.70
85 through 89	12.77
90 or over	19.95

D. Dependents Life Insurance

Option 1: (Participating Entity paid): Yes No

Spouse Maximum Benefit: \$ _____ (Increments of \$1,000, up to \$10,000)

Child Maximum Benefit: \$ _____ (Increments of \$1,000, up to \$10,000)

Rate: \$0.28 monthly per \$1,000 of Dependents Life Insurance for a Spouse under the plan elected by the Employer. Premium is due for each Member insured under the Group Policy, including Members who do not have Dependents.

Option 2*: (Employee paid): Yes No

Spouse only: Increments of \$5,000, up to \$250,000.

Age Reductions: Coverage reduces 35% at age 65, 50% at age 70, and 65% at age 75.

Rates:

Spouse's Age on Last January 1	Monthly Rate Per Multiple of \$1,000
Under age 30	\$ 0.08
30 through 34	0.09
35 through 39	0.12
40 through 44	0.19
45 through 49	0.33
50 through 54	0.50
55 through 59	0.84
60 through 64	0.95
65 through 69	1.76
70 or over	2.66

Option 3*: (Employee paid): Yes No

Child only: Increments of \$1,000, up to \$10,000.

Rate: \$0.06 monthly per \$1,000 of Option 3 Dependents Life Insurance per insured Child.

*The Participating Entity must select Additional Employee Life/AD&D to select Dependents Life Insurance Options 2 and 3.

E. Long Term Disability Insurance (Participating Entity paid): Yes No

50% Option

60% Option

66²/₃% Option

Maximum LTD Benefit: \$ _____ (Increments of \$500 up to \$6,000), reduced by deductible income.

Minimum LTD Benefit: \$100

Benefit Waiting Period:

90 days 180 days

Maximum Benefit Period – To age 65

Definition of Disability: Two year own-occupation, any occupation thereafter.

Indicate plans in which employees participate:

MERS and Social Security

MERS only

Other: _____

Rate: _____ % monthly of each insured member's predisability earnings (If classes, please show rates by class).

If benefits differ by employee classification, indicate class designations, design and rate:

Class: _____ Design: _____ Rate: _____

Class: _____ Design: _____ Rate: _____

Class: _____ Design: _____ Rate: _____

F. Short Term Disability Insurance (Participating Entity paid – Nonoccupational Coverage only): Yes No

- 60% Option
- 66²/₃% Option
- 70% Option

Maximum STD Benefit : \$_____ (Increments of \$50 up to \$1,000), reduced by deductible income.

Minimum STD Benefit: \$15

Benefits Begin on day: Accident/Sickness

- 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

Note: W-2 preparation is the responsibility of the Participating Entity

Rate: _____ Per \$10 of STD Benefit (premium paid on a monthly basis). If classes, please show rates by class.

If benefits differ by employee classification, indicate class designations, design and rate:

- Class: _____ Design: _____ Rate: _____
- Class: _____ Design: _____ Rate: _____
- Class: _____ Design: _____ Rate: _____

STD Benefits end when LTD Benefits begin even if that occurs before the end of the Maximum Benefit Period.

G. Premium and Renewal Information

Premium Discount: For Participating Entities whose coverage under the Group Policy is effective January 1, 2009 to January 1, 2011 and which had coverage in effect under a Prior Plan on the day before the Participating Entity's effective date under the Group Policy, premium rates for Basic Life Insurance (excluding premium rates for retired employees), and LTD Insurance will be the lesser of: (a) the premium rates shown above; and (b) 90% of the premium rates in effect for the respective coverages under the Prior Plan on the day before the Participating Entity's effective date under the Group Policy.

- Premium Due Dates: Effective date and the first day of each calendar month
- Grace Period: 60 days
- Initial Rate Guarantee Period: January 1, 2019 to January 1, 2022
- Notice of Rate Change: 90 days
- Minimum Participation Percentage:

 - Basic Life, AD&D, STD and LTD: 100% of eligible Members
 - Option 1 Dependent Life: 100% of eligible Members with one or more Dependents
 - Additional Life Employee: 15% of eligible Members

SECTION III: AGREEMENTS

We request participation under the Group Insurance Policies issued to MERS as policyholder for the coverage we have elected in **Section II: Benefits**. We agree that no such coverage takes effect until it is approved in writing by Standard. We agree that we are bound by all the terms of the group policies and any amendments thereto.

We agree that, if this application is not accepted, any premium advanced by us shall be refunded.

We agree to make coverage available to all present and future eligible employees. We agree that each employee must meet all requirements before insurance will become effective.

We agree to:

- (1) Promptly provide Standard with the names of each employee and dependent to be insured, as well as all information necessary to determine (a) the amount of benefit (including changes), (b) the effective date of insurance, and (c) the premium to be charged,
- (2) Distribute certificates to each insured employee,
- (3) Not distribute material describing coverage without Standard's prior written consent,
- (4) Allow Standard to inspect all records relating to the provisions of the policies, and
- (5) Pay the cost of insurance on or before each premium due date.

We understand that Standard may change premium rates when:

- (1) A change in law or governmental regulation affects the amount payable under the group policies.
- (2) Our participation changes by 25% or more.

We understand that we may terminate insurance at any time by giving written notice to Standard. The termination will be effective on the date stated in the notice or the date the notice is received by Standard, whichever is later. We understand our coverage under the Group Policy will terminate automatically on the date we cease to be a Participating Entity under MERS.

We understand the Group Policy may be terminated, changed or amended in whole or in part by MERS according to the terms of the Group Policy. Any such change or amendment may apply to current or future Participating Entities and employees covered under the Group Policy. We understand Standard may terminate our participation on any premium due date. We understand our participation will terminate automatically at the end of the grace period during which the required premium has not been paid. We understand MERS has no responsibility for premium billing or collection.

We agree it is our responsibility to comply with federal, state and local laws and regulations which govern employment relationships and the provision of fringe benefits to employees. We agree to indemnify and hold Standard, MERS, any related or affiliated business or entity thereof and the employees, agents and representatives thereof, harmless from any and all liability which may arise because of our failure to comply with such laws.

We understand that there are no Producer commissions available from any of the programs available through Standard Insurance Company under this agreement.

We understand that insurance under the group policies is not a substitute for coverage under a workers' compensation law and does not relieve us of any obligation to provide such coverage.

SECTION IV: GROUP SIGNATURE

I hereby certify that all statements on this document are complete and true to the best of my knowledge and belief. I understand Standard Insurance Company will rely on these statements as the basis for approving this Participating Entity Application. I have read and understand the information herein.

I understand the group policies and certificates contain exclusions and limitations that are not stated in this Participating Entity Application.

By: _____

Signature of Authorized Company Officer: _____

Title: _____ Date: _____

Retain a photocopy of this form for your records.

Receipt for Initial Deposit. Received from _____, an initial deposit of \$ _____* in connection with the Participating Entity Application bearing the same date as this conditional receipt.

Date: _____

This receipt is subject to the terms and conditions below.

Received By:

Name Title

*All premium checks must be made payable to Standard Insurance Company. Do not leave payee blank. MERS has no responsibility for premium billing or collection.

TERMS OF RECEIPT – PLEASE READ CAREFULLY

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, coverage under the Group Policies will be approved and certificates of insurance will be issued in the language customarily used by Standard. Coverage will be effective on the date determined by Standard. No producer has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate certificates if more than one coverage is requested in this application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policies and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policies, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policies will be distributed by the applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for coverage under the Group Policies is this Application and the payment of premiums. Payment of premium after coverage is approved is acceptance of the terms of the Group Policies. This Participating Entity Application is made a part of the Group Policies.