TheStandard®

Group LTD Enrollment/Change Form

For Members of School Administrators Special Services

Plan Administrator, Mestmaker & Associates
PO Box 2302 Bakersfield CA 93303 Phone: 877-472-6722

Policy No. 642548

Application for Group LTD Insurance with Standard Insurance Company

Member: (Last) (First) (Middle)			Social Security No.:
Address:	City:	State:	Zip:
Employer:	Work Phone No.: ( )	Home Phone No.: ( )	
Employer's Address:	City:	State:	Zip:
Employment Date:	Position:	Are you employed on a full-time basis? ☐ Yes ☐ No	Are you actively at work full-time on the date of this enrollment? ☐ Yes ☐ No
Check Boxes that Apply: ☐ New Enrollment ☐ Change in Coverage		Monthly Benefit Amount: $	Annual Salary:
Disability Waiting Period: ☐ 60 ☐ 120		*Shaded areas for official use only.*	
Membership with: ☐ ACSA ☐ ACCCA ☐ District Paid		Membership Date:	Effective Date:

If you have never been a member of the Association previously and apply for coverage within 90 days of becoming a member, you are guaranteed to be accepted for certain amounts.

☐ I am a new member of the Association and have never previously been a member.

I want my premium payments:

☐ Billed to me quarterly. I wish to be billed at my home on a quarterly basis to cover my contribution, if required, toward the cost of insurance. I understand that my contribution amount will change if my coverage or costs change.

☐ Deducted from my salary (choose one): ☐ 10thly ☐ 12thly
If electing coverage I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Upon approval of our application, you will be billed directly by Mestmaker & Associates for the approved premium, (quarterly); or the approved premium will be deducted from your salary (10thly or 12thly), depending on your selection above.

Member's Signature:	Date:

Instructions

Medical History Statement is required from the member if applying for more than guaranteed acceptance coverage. Check to see that Enrollment Form and Medical History Statement, if required, are signed before mailing to Mestmaker & Associates. Additional forms are available by calling 1-877-472-6722.