

Please type or print

REQUESTED EFFECTIVE DATE _____

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.

APPLICANT

Full Legal Name of Participating Entity

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ FAX Number (_____) _____

Group Contact _____ Contact's Title _____

Contact's Phone No. if different (_____) _____ Contact's FAX No. if different (_____) _____

Entity Type: County City/Township/Village/Library Other _____

Participating Entity Tax ID No. _____ MERS Municipality Number _____

INSURANCE COVERAGE REQUESTED

Life Only Life & AD&D Dependent Life Additional/Optional Life LTD STD

OTHER INSURANCE

A. Does this insurance supplement other insurance? Yes No
If yes, specify for each line of coverage and Insurance Carrier: _____

B. Does this insurance replace existing insurance? Yes No
If yes, specify for each existing line of coverage: _____

Please submit a copy of each in force policy, certificate or plan document.

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

ACTIVE WORK REQUIREMENT: A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements.

Initial: _____

Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier.

APPLICANT AGREES THAT: the applicant hereby applies for Group Insurance as provided in the attached proposal.

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance.

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

The Group Policy will be issued to MERS as Policyholder on behalf of the Participating Entity. Standard may issue separate Group Policies 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 Policy 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 Policy, 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 Policy 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 any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy. Applicant understands MERS has no responsibility for premium billing or collection.

This Application, including the attached proposal, is made a part of the Group Policy.

Applicant authorizes the producer, broker of record, or consultant, if one is assigned, to receive information regarding the applicant's claims status and experience that the applicant has a right to receive and which is reasonably necessary to assist the applicant in conducting a review of the information.

Signature and Title of Applicant's Authorized Representative _____

Signature of Witness _____

Signature of Licensed Producer, if applicable (where required by law) _____

Date _____

License # _____

(Must be signed prior to the requested effective date.)

Initial Deposit \$ _____

Received from _____, an initial deposit of \$ _____* in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date _____

This receipt is subject to the terms and conditions below.

Received By

Name	Title
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*All premium checks must be made payable to Standard Insurance Company.

Do not make check payable to the producer or leave payee blank.

Terms of Receipt (Please read carefully.)

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