

Group LTD Enrollment/Change Form For Members of School Administrators Special Services

MWG Mestmaker & Associates PO Box 2302 Bakersfield CA 93303 Phone: 877-472-6722

Policy No. 642548

Member:	(Last)		(First)	(Middle)		Social Security N	lo.:		
Address:				City:		State: Zip:			
					1				
Employer:		Email Address:			Work Phone	e No.:	Home Phone No.:		
					()	()	
Employer's Add	lress:			City:		Sta	ate:	Zip:	
Employment Da	mployment Date: Position:			Are you employed ☐ Yes on a full-time basis? ☐ No		Are you actively at work full-time ☐ Yes on the date of this enrollment? ☐ No			
Check Boxes that Apply:			Monthly Benefit Amount:	Benefit Amount: Annual Salary:					
☐ New Enrollment ☐ Change in Coverage			\$						
Disability Waitin	ng Period:								
□ 60 □ 120				Shaded areas for office	cial use only	<i>)</i> .			
Membership with:				Membership Date:		Effective Date:			
Membership wi	th:			Membership Date:		Effective Date:			
□ ACSA		District Paid	esociation previ	·	race within		ominga	member	. vou are
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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.