

# Group Life and Disability Proposal Process & Data Checklist



1134 Municipal Way Lansing, MI 48917 | 800.767.6377 | Fax 517.703.9707

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: 517.703.9707

## 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: \_\_\_\_\_

## 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<sup>2</sup>/<sub>3</sub>%  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<sup>2</sup>/<sub>3</sub>%  
 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.