

GROUP DISABILITY AND/OR LIFE INSURANCE ENROLLMENT FORM

The Minnesota Benefit Association provides MN Township Officers Group Life and Group Disability Income Insurance programs. MBA is a non-profit association of public officials and employees, whose mission is to provide fraternal and benevolent services and benefits for its members. Minnesota Townships are permitted by Minnesota Statute 471.61 to establish group benefit programs covering their officers and employees.

HOW TO ENROLL

1. Adopt and complete this Enrollment Resolution which can be used for both officers and employees.
2. Complete the census form on the reverse side of this page.
All Township Officers must elect to have the coverage and must carry the same plan.
3. Email the Enrollment Resolution, census and make payment for total annual premium to:



info@MinnesotaBenefitAssociation.org

Minnesota Benefit Association

6701 Upper Afton Road
Woodbury, MN 55125

Contact us: 800.360.6117

ENROLLMENT RESOLUTION

Be it resolved that _____ Township, located in _____ County adopts and applies for coverage to be funded for its officers under the Township Officers Group Insurance program.

Group Term Life - Policy #72209-1

Annual Premium Per Officer:

- BRONZE** - \$80
- SILVER** - \$160
- GOLD** - \$240
- PLATINUM** - \$320

CHECK HERE IF APPLYING FOR
**TOWNSHIP EMPLOYEE
GROUP LIFE COVERAGE**

(Employee plans must be the same as officer's plan)

Group Disability - Policy #225751-1-G

- Annual Premium - \$324 per officer**
- Benefit amount** - \$250 per week
- Benefit period** - 52 weeks
- Benefits begin** - 15th day for accident
30th day for illness

CHECK HERE IF APPLYING FOR
**TOWNSHIP EMPLOYEE
GROUP DISABILITY COVERAGE**

Name (Please Print) _____ Date _____

Signature of Officer _____ Position _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

TOWNSHIP OFFICERS CENSUS AND INVOICE

Township Name _____ County _____

TOWNSHIP OFFICERS CENSUS INFORMATION

Annual Life Premium per officer

BRONZE - \$80 GOLD - \$240
 SILVER - \$160 PLATINUM - \$320

Annual Disability Premium
per officer - \$324

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

EMPLOYEE CENSUS INFORMATION

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

Name _____ Date of birth ___/___/___ Address _____
Position _____ SSN# _____ City _____ Zip _____ Email _____

I would like to pay by:
ACH Check

Total annual premium due for officers \$ _____

Total annual premium due for employees \$ _____