

# MINNESOTA ASSOCIATION OF TOWNSHIPS



Executive Director  
David A. Fricke

## GROUP DISABILITY ENROLLMENT FORM

The Minnesota Association of Townships endorses the Township Officers Group Disability Program sponsored by the Minnesota Benefit Association. MBA is a non-profit association of public officials and employees, whose mission is to provide fraternal and benevolent services and benefits for its member group. 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.
3. Mail the Enrollment Resolution, census and a township check for the total annual premium to:



**MINNESOTA BENEFIT ASSOCIATION**  
Township Group Disability Administrator  
6701 Upper Afton Road  
Woodbury, MN 55125

### 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 Disability Program provided under Group Policy No. 42228 and 42229 MBA, issued by Unicare Life & Health Insurance Company to the Minnesota Benefit Association.

**ANNUAL PREMIUM — \$171 per officer**

**Benefit amount** — \$150 per week

**Benefit period** — 52 weeks

**Benefits begin** — 15th day for accident  
30th day for illness



**OPTIONAL — CHECK HERE IF APPLYING FOR  
TOWNSHIP EMPLOYEE COVERAGE**

Eligible employees must work an average of  
20 hours per week (1000 hours per year)

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**TOWNSHIP BENEFIT PROGRAM**

Township Name \_\_\_\_\_  
County \_\_\_\_\_

**TOWNSHIP OFFICERS CENSUS AND INVOICE**

**TOWNSHIP OFFICERS CENSUS INFORMATION**

ANNUAL PREMIUM PER OFFICER

ANNUAL PREMIUM — \$171

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

**EMPLOYEE CENSUS INFORMATION**

ELIGIBLE EMPLOYEES MUST WORK AN AVERAGE OF 20 HOURS PER WEEK (1000 PER YEAR)

ANNUAL PREMIUM — \$171

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ SSN# \_\_\_\_\_

Total annual premium remitted for officers \$ \_\_\_\_\_  
Total annual premium remitted for employees \$ \_\_\_\_\_

**TOTAL PREMIUM ENCLOSED** \$ \_\_\_\_\_