

MINNESOTA ASSOCIATION OF TOWNSHIPS



Executive Director
Gary Pedersen

GROUP LIFE ENROLLMENT FORM

The Minnesota Association of Townships endorses the Township Officers Group Life 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 and all must carry the same plan.
3. Mail the Enrollment Resolution, census and a township check for the total annual premium to:



MINNESOTA BENEFIT ASSOCIATION
Township Group Life 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 Life and Common Carrier Insurance Program provided under Group Policy No. 101 MBA, issued by Security Life Insurance Company of America to the Minnesota Benefit Association. Further, the Officers of said Township select the following plan of coverage as a fringe benefit program for its officers:

ANNUAL PREMIUM PER OFFICER:

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



CHECK HERE IF APPLYING FOR

TOWNSHIP EMPLOYEE COVERAGE

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

Name (please print) _____ Date _____

Signature of Officer _____ Title _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Township Name _____
 County _____

TOWNSHIP OFFICERS CENSUS INFORMATION

ANNUAL PREMIUM PER OFFICER

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

TOWNSHIP OFFICERS CENSUS AND INVOICE

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

EMPLOYEE PLAN MUST BE THE SAME AS OFFICER'S PLAN

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 PREMIUM ENCLOSED**
 Total annual premium remitted for employees \$ _____ \$ _____