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. Mail the Enrollment Resolution, census and a township check for the total annual premium to:

Minnesota Benefit Association
6701 Upper Afton Road
Woodbury, MN 55125

Contact us: 800.360.6117
        info@MinnesotaBenefitAssociation.org

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 #68331-1
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 _____

Total annual premium remitted for officers $_____ **TOTAL PREMIUM ENCLOSED**

Total annual premium remitted for employees $_____ $_____