

Request for Participation

To Michigan Manufacturers Service Corporation

Date _____

Please enroll our eligible employees under the Michigan Manufacturers Association Group Insurance Policies issued to the Association (the "policies") by Metropolitan Life Insurance Company ("MetLife") (All lines of insurance require a minimum of 5 covered employees.)

We desire to participate in the Group Insurance Programs checked below:

A. Life and AD&D Insurance (Minimum \$10,000, Maximum \$120,000). *Check one:*

- Basic Life and AD&D Core Buy-Up Life and AD&D (Core is always 100% employer paid and Buy-Up is always 100% employee paid).

Check one Basic/Core plan design:

- Flat Amount, \$ _____
 1 times 1.5 times 2 times 3 times annual salary to the next higher \$1,000. Maximum \$ _____
 Occupational formula (3-5 classes). Amounts of insurance must be proportionate to average earnings by class.

Classes by Occupation or Position/Formula

Amount of Life and AD&D

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Employee Buy-Up plan design is flat \$10,000 increments up to a maximum of \$120,000 (combined with Core)

All Plans: Amount reduces 40% at age 70, additional 10% at age 75.

Basic Life: Contributory Non-Contributory _____

B. Dependent Life (Must be written with above Life and AD&D insurance. In no event will it be written alone.)

- Spouse \$ _____ Dependent Child(ren) \$ _____

C. Short Term Disability (Must be written with at least one supporting line of coverage if less than 10 insured employees.) Percent of salary to the next higher \$10; \$ _____ (Wkly. Max.) cannot exceed \$1,000 weekly maximum; benefits commence 1st day of accident, 8th day of sickness with pregnancy treated same as sickness

- 26 weeks maximum 13 weeks maximum
 Contributory Non Contributory _____ 60% of salary 66 2/3% of salary _____

D. Long Term Disability. (Must be written with at least one supporting line of coverage if less than 10 insured employees); integrated with all other income benefits (as defined by MetLife); *Check one:*

- 3 month Elimination Period 60% of Basic Compensation Maximum \$ _____
 6 month Elimination Period 66 2/3% of Basic Compensation (\$3,000-\$6,000)
 Contributory Non Contributory _____

E. Dental (Must be written with at least one supporting line of coverage if less than 10 insured employees.)

Access Plans:

- 100/80/50 Deductible: \$0 \$25 \$50 Maximum: \$1,000 \$1,500 Orthodontia
 100/50/50 Deductible: \$0 \$50 Maximum: \$1,000 Orthodontia

Preferred Dentist Programs:

- 100/90/60 in 100/80/50 out Deductible: \$50 Maximum: \$1,500 in \$1,000 out Orthodontia
 100/80/50 in 80/80/50 out Deductible: \$0 \$50 Maximum: \$1,000 Orthodontia
 100/80/50 in 50/50/50 out Deductible: \$50 Maximum: \$1,000 in \$800 out

Orthodontia is available to groups with prior dental coverage with 15 or more covered employees (10 or more if they had prior orthodontia coverage). Some options not available to groups with less than 10 insured employees or for groups without prior dental coverage.

- Contributory Non Contributory _____

We agree to be bound by all the provisions of the Policies and all amendments to them. We recognize that participating employer members must make monthly payments in advance and that any excess of their total contributions over premiums charged under the Policies and the amount of any experience rating refunds may be held and used by the Association in administration of the program(s) or may be distributed to participating employer members as the Association shall determine to be appropriate. We understand that our insurance will not become effective until it is approved in writing by MetLife, and that the group Policy is subject to termination by MMA and/or MetLife.

Enclosed are completed signed enrollment forms for all employees who are to participate and initial premium check for the Program(s) selected, make payable to the MMA Service Corporation, 620 S. Capitol Ave., Lansing, MI 48901.

We request that the plans of insurance selected become effective on _____

I hereby designate _____ as Agent of Record, located at _____

Phone number _____ Producer Tax ID# _____

By your participation as an employer member in the Michigan Manufacturers Welfare Benefit Plan (including the Dental Plan), which is sponsored by Michigan Manufacturers Association, you agree to assume any and all notification requirements of the plan administrator as contained in Sect. 4980B(f) of the Internal Revenue Code and Sect. 606(a) of the Employee Retirement Income Security Act of 1974. You further agree to indemnify Michigan Manufacturers Association and hold it harmless for any failure on your part in complying with the notification requirements of a plan administrator under COBRA.

Michigan Manufacturers Association

Employer Member

By _____

Name _____

Title _____

Address _____

(For MMA Use Only)

By _____

Account Number _____

Official Title _____

Approval of Participation effective _____

Summary of certain terms, conditions and provisions of the Policies defined on the other side hereof, by which we agree to be bound:

- (1) **Definition of Employer Member:** "Employer Member" means an employer who is a member of the Michigan Manufacturers Association (the "MMA").
- (2) **Definition of Employee:** The term "Employee" means a person who is directly employed and compensated for services by a participating Employer and who is in a class designated as eligible for insurance by the Employer. No person may be considered an Employee of more than one participating Employer nor may any class of Employees be designated as eligible for insurance without consent of Metropolitan Life Insurance Company ("MetLife").
- (3) **MetLife's Responsibility:** In return for the Employer's payment of the premiums when they fall due, MetLife will provide the insurance and pay the benefits described in the group insurance plan certificate furnished to the Employer for delivery to covered Employees.
- (4) **Premium Due Dates:** Premiums are due and payable on the first day of each month for which insurance coverage is to be provided. If a payment is not received within 31 days after the due date, coverage will terminate as follows: with respect to coverages other than Life Benefits and Accidental Death or Dismemberment Benefits—on the earlier of the 31st day following the due date and the date requested in writing by the Employer Member, provided such request is made before such 31st day following the due date; with respect to Life Benefits and Accidental Death or Dismemberment Benefits—on the later of the 31st day following the due date and the date MMA's/MetLife's written notice of termination is received by the Employer Member. The Employer Member will be liable for the payment of the pro-rata premium which accrues while any coverage remains in force.
- (5) **Change in Rates:** MetLife may change any or all of the premium rates if there is a change in the Policy/Policies or in the Employer's Plan. With respect to Life Benefits and Accidental Death or Dismemberment Benefits, MMA/MetLife may also change premium rates on any anniversary date of the Employer Member's Plan. With respect to coverages other than Life Benefits and Accidental Death or Dismemberment: (a) MMA/MetLife may also change premium rates on the first anniversary of the Employer Member's Plan and any subsequent premium due date; and (b) except when the terms of the Policy/Policies or the Employer Member's Plan are changed, MetLife will give the Employer Member written notice of any increase in rates at least thirty-one days prior to the date such increase is to become effective. Rates for any coverage may be changed at any time if the data furnished to MMA/MetLife, and relied upon by MMA/MetLife as a basis for its rates, is found to be inaccurate or incomplete. Rates may also be changed if there is: (a) a 25% change in the number of enrolled Employees; (b) a change in the geographic distribution of enrolled Employees; or (c) if the firm acquires or merges with another firm.
- (6) **Records and Information:** Records will be maintained relating to each Employee's insurance, including: (a) the names and ages of all Employees who are insured; (b) the amounts of insurance in force on each Employee; (c) the effective date of each Employee's insurance; and (d) the effective date of any change in an Employee's insurance. The Employer Member will furnish to MMA/MetLife all of the information which MMA/MetLife may require with regard to matters relating to the insurance and will allow MetLife to inspect all documents and records of the Employer which relate to the insurance or to the premiums including, but not limited to, W-2 Wage and Tax Statements and the information used to prepare such Statements for any Employee who is insured or eligible to be insured.
- (7) **Termination:** In addition to the termination for non-payment of premium, MetLife will have the right to terminate the insurance applicable to the Employer Member's Employees or any class of Employees if: (a) fewer than 75% of the eligible Employees are insured for contributory insurance or fewer than 100% of the eligible Employees are insured for non-contributory insurance; or (b) fewer than 2 of the Employer Member's Employees are insured. Written notice of termination must be given to the Employer Member at least 31 days prior to the date such insurance will be terminated.
- (8) **Changes in the Policy/Policies:** The Policy/Policies may be changed affecting certain of the provisions summarized above. However, no change in the Policy/Policies will be valid unless it is approved by an authorized officer of MetLife. Each such change must be evidenced by an amendment signed by both MMA and MetLife or by an endorsement signed by MetLife.