

Group Term Life

Advantages of the MEA-Sponsored Group Term Life Insurance Plan

- **Group Decreasing Term Life**—This coverage - which pays your benefit amount in your younger years and a gradually decreasing benefit amount in your older years -will help give you peace of mind for your family's well-being. Age reductions are applied at ages 55, 60, 65 and 70.
- **Flexibility**—Choose the same or different amounts of coverage for you and your spouse.
- **Convenient Payment Plan**—Quarterly payments and payroll deduction, where available.
- **Conversion Privileges**
- **Portability**—You may continue coverage upon retirement or upon leaving your employment by paying the premium on a direct bill basis.
- **Dependent Coverage**
- **Continuation of Group Term Life Insurance past age 70**
- **Optional AD&D** for you and your spouse.
- **Union Security Insurance Company** is a quality minded group insurer with significant market positions in Group Term Life and Long Term Disability.
- **The Michigan Education Association is sponsoring the program.**
- **You can tailor your coverage** to suit your needs and your current and future financial situation.
- **MEA-sponsored services**—You can count on us!

S P O N S O R E D

Group Term Life

Underwritten by **Union Security Insurance Company**

Group policyholder: Trustees of the National Educational Services Group Insurance Trust

Why Term Life Insurance?

- To assure your family a continuing income.
- To pay for child care and educational expenses.
- To pay a mortgage, other existing debts or funeral expenses and taxes.
- Availability of up to \$300,000 of affordable coverage for you, up to \$200,000 of coverage for your spouse, up to \$30,000 available for your dependent children.

Who is Eligible?

- Active employees under age 70, of an educational institution or agency where MEA-sponsored plans are available. If you meet these conditions, your spouse, if under age 70, also is eligible.
- Dependent children, if unmarried, from live birth through the end of the calendar year in which they reach age 25. Stepchildren and legally adopted children are also eligible.
- A dependent child's insurance will continue beyond the date it would otherwise terminate because the

child attains the limiting age, provided he or she is physically incapable of earning a living due to physical handicap or mental retardation. The insured child must be chiefly dependent on the Person Insured for support and maintenance, and satisfactory proof of the child's incapacity must be submitted within 120 days following the end of the calendar year in which he or she attains age 25.

What Coverage* Is Available?

- Up to \$300,000 of term life insurance for you and up to \$200,000 for your spouse.
- \$10,000 is guaranteed issue if the employee is:
 - Actively at work and applies for coverage within 31 days of becoming an active employee of an educational institution or agency where MEA-sponsored plans are available.
- Matching amounts of AD&D (accidental death & dismemberment) coverage up to \$200,000 are available at a small additional premium for you and your spouse.

* Coverage in excess of guaranteed issue amount is subject to evidence of insurability and approval by Union Security Insurance Co.

- Up to \$30,000 of group term life insurance is available on your dependent children. (See the schedule of insurance for applicable amounts.)

What Is the Accelerated Benefit?

- This feature provides money to the insured at a time of need, but still protects the interest of the beneficiary. When a covered employee or spouse qualifies, we will advance to the insured up to 80% (with consent of the beneficiary) of the certificate amount to a maximum of \$240,000. The covered employee or spouse must have a terminal illness that results in an expected life span of 12 months or less.
- Other than an interest adjustment on the final statement, there is no charge for this feature. There must be a minimum of \$10,000 of life insurance in force to be eligible to receive an Accelerated Benefit and the requested benefit can not be less than \$5,000. Receipt of an Accelerated Benefit may affect eligibility for a state or federal program, such as Medicaid, and benefits may be taxable. A tax advisor should be consulted.

What Is AD&D?

■ Insurance that doubles the face amount of group term life insurance payable in the event of accidental death prior to age 70. A benefit also is payable in the event of accidental dismemberment.

■ Optional coverage is available to you and/or your spouse up to \$200,000 at an additional cost of 4 cents per \$1,000 of AD&D benefit.

■ Higher Education Benefit-If an insured's death is the result of an accidental injury and an Accidental Death Benefit is payable, then a Higher Education Benefit of \$3,000 will also be paid to each of the insured's eligible dependent students who are enrolled in an accredited college, university, trade or vocational school. The benefit will be paid at the beginning of each school year for up to four consecutive years, provided the dependent student continues to be enrolled in an accredited school. The student must be unmarried, under age 25, and already enrolled on a full time basis at the insured's death, or enrolls within 1 year of the insured's death.

Can I Change the Amount of My Coverage?

■ As long as you are an eligible employee and under age 70, you can apply at any time to change the amount of coverage, subject to evidence of insurability for increased coverage.

■ Your insured spouse may also change the amount of coverage, if under age 70, subject to evidence of insurability for increased coverage.

What if I Become Disabled?

■ If prior to age 60 you become totally disabled while you are an insured active employee and remain disabled for at least six months, life insurance covering you and your children will remain in force without premium payments, for as long as your total disability continues. The premium waiver does not apply to spouse coverage.

■ The total disability must wholly prevent you from engaging in any and every gainful occupation or employment for which you are or become reasonably fitted by education, training or experience.

What Are My Conversion Privileges?

■ If all or part of your group term life insurance terminates because you are no longer in an eligible class, or because of a change in age or other status, up to the full amount of terminated insurance can be converted.

■ A conversion privilege is also available for your spouse and dependent children.

When Will My Coverage Begin?

■ On the first day of the month coinciding with or following approval of your application by Union Security Insurance Company, provided you pay the initial premium for coverage.

When Will My Coverage Terminate?

■ Insurance automatically terminates for you and/or your spouse on the earliest of the following dates:

- The date the master policy is terminated ;
- The date the policy is amended to terminate the insurance;

Q&A

- The last day of the period for which premiums for your (or your spouse's) coverage have been paid;
- For purposes of AD&D insurance, on the policy anniversary coinciding with, or next following the date on which you (or your spouse) attain age 70.

Are There Any Exclusions?

■ No Accidental Death & Dismemberment benefits will be provided if loss results directly or indirectly from:

- War or any act of war, whether declared or undeclared.
- Riot or insurrection, or any act incident to riot or insurrection when the insured takes part in such an act.
- Service in the military, unless the loss

is due to an injury sustained while the insured is off duty.

- Any physical or mental disease or any infection, other than a pyogenic infection that occurs with an accidental cut or wound.
- Intentionally self-inflicted injury of any kind while sane or insane.
- The use of any drug, unless used as prescribed by a physician.
- The commission of any assault or felony by the insured person.

■ In addition, continuance of life insurance under the disability benefit provision will not apply if the disability results from:

- Intentionally self-inflicted injury of any kind.
- Involvement in a war, or any act of war.
- Serving in the military while at war, whether declared or undeclared .
- Taking part in a riot or insurrection, or any such act.

How Do I Apply for Group Term Life?

■ Complete the application-you and your spouse must complete separate applications.

■ If appropriate, be certain to complete the dependent child section of the application for each eligible child.

■ Decide the amount of coverage you need, using the table enclosed within. The dependent child premium is indicated directly below the employee/spouse rate.

■ Complete the health portion of the application, sign and date.



SPONSORED GROUP TERM LIFE

APPLICATION FOR GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

SELECT AMOUNT OF COVERAGE DESIRED

NOTE: For new enrollments, requests for addition of dependents and/or changes, indicate the total amount of insurance desired.

EMPLOYEE OR SPOUSE SCHEDULE OF INSURANCE

(select/check one)

Schedule	Amount
1	\$10,000
25	\$25,000
50	\$50,000
100	\$100,000
150	\$150,000
200	\$200,000
250	\$250,000
300	\$300,000

PREMIUMS TO BE PAYABLE BY WAY OF:

Payroll Deduction

If this payment made is elected, your application must be processed through your school business office.

Attention School Business Office

Place account name and Number stamp here:

Quarterly-Direct Payment

If this payment mode is elected submit your application directly to MEA Financial Services, Inc.

OFFICE USE ONLY

Current coverage:

Effective date:

Certificate number:

Representative number:

Approved:

Entered:

Home office:

NEW ENROLLMENT

- Employee
- Spouse of Employee (must complete separate application)

COVERAGE REQUESTED

- Life Only
- Life and Accidental Death & Dismemberment
- Dependent Child(ren) Coverage * (no AD&D)

CHANGE

- Add Dependent Child(ren) *
- Delete Dependent Child(ren)
- Change Coverage Schedule *
- Change of Name

- Applicant's full name _____
Last First Middle Initial Social Security number
- Address _____
Street or P.O. Box City State Zip
- Beneficiary's full name and relationship _____
Supersedes any prior designation. The Insured Applicant is the beneficiary for dependent insurance.
- 4a. Name of employer or school _____
If applying for Spouse coverage give name of Employee's employer
- 4b. _____
Employer's phone number
- 4c. Hire date ____/____/____
Of employee
- 4d. Occupation _____
Of employee
- 4e. _____
Employee's home phone number
5. If applying for spouse coverage, give **employee's** Social Security number _____

6. Complete the following information for yourself and dependent children to be covered.

Name	Relationship	Sex	Date of Birth	Birthplace (state)	Height	Weight
	Applicant					
	Child*					
	Child*					
	Child*					
	Child*					

*Dependent Life Insurance is available under either employee or spouse coverage – not both.

Personally answer the following questions and explain all "Yes" answers in the space provided. When applying for dependent coverage personally answer the questions for all your eligible dependents also.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 7. Have you had any weight changes during the past year? If yes, indicate below the amount of weight gained or lost, along with the reason for the weight change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you in the past 5 years received treatment, surgery, observation, or consultation by a physician, surgeon or other practitioner (including psychologist, counselor, dentist, etc.) in any clinic, hospital, sanitarium, health resort or any other health related facility; or do you contemplate such? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you currently taking any medication prescribed by a physician, surgeon or other practitioner (including psychologists, counselor, dentist, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had been medically diagnosed, treated or been advised to seek treatment for arthritis, asthma, albumin or sugar in urine, cancer or tumors, diabetes, alcohol, cocaine or drug abuse, high blood pressure, stroke or heart disease or disorder, kidney problem, emphysema or lung disorder, depression, psychological counseling, mental, nervous or eating disorder, tuberculosis, seizures; acquired immunodeficiency syndrome (AIDS) with in the past 5years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the past 5 years have you ever had been treated for, or been advised to seek treatment for; persistent cough, fatigue or swollen glands, pneumonia; chest discomfort, muscle weakness, unexplained weight loss of ten pounds or more, patches in mouth, skin lesions, prolonged night sweats, visual disturbance or recurring diarrhea, fever or infection? | <input type="checkbox"/> | <input type="checkbox"/> |

Name, address and phone number of personal physician _____

Above Quest.#	First name	Description of illness, injury or pregnancy, and medication and treatment	Duration (dates) & # of episodes	Residual Effects	Name and complete address of attending Physician, hospital or other provider

FOLD AND TAPE ALONG BOTTOM BEFORE MAILING-DO NOT STAPLE

I hereby apply for coverage under the Group Term Life Insurance policy(ies) issued to the Trustee of the National Educational Services Group Insurance Trust (NESGIT) for the plan(s) of insurance elected above, and agree to be bound by all other terms of the policy(ies) which insure the plan(s) and by any amendments thereto. I further agree to be bound by other terms and conditions of the NESGIT through which such policy(ies) and plan(s) of insurance are made available. I designate the beneficiary(ies) named on this application to receive the benefits payable, if any, in the event of my death; certify that the above dates of birth are correct and the above statements and answers are true and complete.

I appoint MEA Financial Services, Inc. (herein after referred to as the Administrator) as my agent solely for the purpose of performing certain administrative functions connected with the policy(ies), including the receipt of premiums and remittance thereof, at the proper times, to the insurer. I understand that no coverage is in effect until this application, including all questions about my or my dependents' health, has been accepted and approved by the insurance carrier, and the first premium for insurance provided under the plan has been paid.

By signing below, I authorize any provider of medical services, physicians, or other medical practitioner, hospital, clinic, pharmacy, pharmacy benefits manager or any pharmacy related services entity, insurance company, employer, Medical Information Bureau, consumer reporting agency, or other individual or entity to give Union Security Insurance Company or its reinsurers any information regarding my medical or health history. Such information includes but is not limited to any and all medical/dental records relating to my physical and/or mental health, alcohol or drug abuse information, psychiatric or psychological care or pharmacy records.

I understand that I have the right to refuse this authorization but if I refuse, Union Security Insurance Company may refuse to consider my application for enrollment. I understand that a photocopy or facsimile of this authorization will be as valid as the original.

I understand that this authorization is voluntary and that I may revoke it at any time by writing Union Security Insurance Company, P.O. Box 419052, Kansas City, MO 64141-6052, Attn: Privacy Office. Such revocation will not affect any action taken by Union Security Insurance Company prior to receipt of the revocation. If there is a conflict between a prior request for restrictions and this authorization, this authorization controls.

The authorization is effective from the date signed below until the earliest of denial of my application, declination of enrollment, or, if insured, when I am no longer an insured of Union Security Insurance Company, but at no time longer than 30 months.

Federal law requires that we inform you that the information which we collect may, under certain circumstances, be redisclosed by us to third parties and thus no longer protected by federal law. However, be assured that disclosure will be strictly limited to that which is reasonably necessary and we will comply with all federal and state privacy and security laws and regulations. You have the right to gain access to and request correction of information in our files.

Any person who knowingly and with any intent to defraud any insurance company or other person submits an application or files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which is a crime and subjects such person to criminal and civil penalties.

If I am applying for employee coverage, I certify that I am actively employed with the above named employer and that neither I nor my dependents, if applicable, are presently hospital confined. If I am applying as the spouse of an employee, I certify that the employee is actively employed with the above named employer and that I am presently not hospital confined.

Signature of Applicant

____/____/____
Date

COMPANY USE ONLY

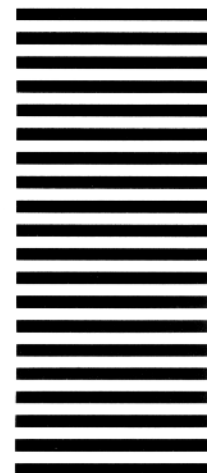
Signature of MEA Financial Services, Inc. Marketing Representative

Rep#

____/____/____
Date



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 332 EAST LANSING

POSTAGE WILL BE PAID BY ADDRESSEE

MEA FINANCIAL SERVICES

PO BOX 2501

EAST LANSING MI 48826-9985



MEA-SPONSORED GROUP TERM LIFE INSURANCE (No AD&D*)

KEY: Shaded amount indicates employee and/or spouse information, non-shaded amount indicates dependent children's information.

AGE	SCHEDULE 1		SCHEDULE 25		SCHEDULE 50		SCHEDULE 100		SCHEDULE 150		SCHEDULE 200		SCHEDULE 250		SCHEDULE 300	
	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION
UNDER 30	\$ 10,000	\$.75	\$ 25,000	\$ 1.80	\$ 50,000	\$ 3.50	\$ 100,000	\$ 6.80	\$ 150,000	\$ 10.00	\$ 200,000	\$ 13.15	\$ 250,000	\$ 16.45	\$ 300,000	\$ 19.75
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
30-34	\$ 10,000	\$.85	\$ 25,000	\$ 2.00	\$ 50,000	\$ 3.85	\$ 100,000	\$ 7.50	\$ 150,000	\$ 11.05	\$ 200,000	\$ 14.60	\$ 250,000	\$ 18.25	\$ 300,000	\$ 22.00
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
35-39	\$ 10,000	\$.95	\$ 25,000	\$ 2.25	\$ 50,000	\$ 4.30	\$ 100,000	\$ 8.60	\$ 150,000	\$ 12.85	\$ 200,000	\$ 17.15	\$ 250,000	\$ 21.40	\$ 300,000	\$ 25.65
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
40-44	\$ 10,000	\$ 1.70	\$ 25,000	\$ 4.10	\$ 50,000	\$ 8.10	\$ 100,000	\$ 16.00	\$ 150,000	\$ 23.80	\$ 200,000	\$ 31.60	\$ 250,000	\$ 39.50	\$ 300,000	\$ 47.40
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
45-49	\$ 10,000	\$ 2.15	\$ 25,000	\$ 5.10	\$ 50,000	\$ 10.00	\$ 100,000	\$ 20.00	\$ 150,000	\$ 29.90	\$ 200,000	\$ 39.80	\$ 250,000	\$ 49.70	\$ 300,000	\$ 59.60
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
50-54	\$ 10,000	\$ 4.40	\$ 25,000	\$ 10.65	\$ 50,000	\$ 21.50	\$ 100,000	\$ 42.50	\$ 150,000	\$ 63.35	\$ 200,000	\$ 84.15	\$ 250,000	\$ 105.20	\$ 300,000	\$ 126.20
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
55-59	\$ 7,500	\$ 4.45	\$ 18,750	\$ 11.00	\$ 37,500	\$ 21.85	\$ 75,000	\$ 43.15	\$ 112,500	\$ 64.00	\$ 150,000	\$ 84.90	\$ 187,500	\$ 106.10	\$ 225,000	\$ 127.35
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
60-64	\$ 5,000	\$ 5.45	\$ 12,500	\$ 13.60	\$ 25,000	\$ 26.85	\$ 50,000	\$ 52.50	\$ 75,000	\$ 78.40	\$ 100,000	\$ 104.30	\$ 125,000	\$ 130.40	\$ 150,000	\$ 156.45
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
65-69	\$ 3,000	\$ 4.10	\$ 7,500	\$ 10.15	\$ 15,000	\$ 19.85	\$ 30,000	\$ 39.00	\$ 45,000	\$ 58.10	\$ 60,000	\$ 77.20	\$ 75,000	\$ 96.55	\$ 90,000	\$ 115.85
	\$ 1,000	\$.25	\$ 2,500	\$.60	\$ 5,000	\$ 1.20	\$ 10,000	\$ 2.30	\$ 15,000	\$ 3.35	\$ 20,000	\$ 4.40	\$ 25,000	\$ 5.50	\$ 30,000	\$ 6.60
70+	\$ 1,000	\$ 4.80	\$ 2,500	\$ 12.00	\$ 5,000	\$ 23.50	\$ 10,000	\$ 46.00	\$ 15,000	\$ 68.50	\$ 20,000	\$ 91.00	\$ 25,000	\$ 113.75	\$ 30,000	\$ 136.50
	\$ 500	\$.15	\$ 1,250	\$.30	\$ 2,500	\$.60	\$ 5,000	\$ 1.15	\$ 7,500	\$ 1.70	\$ 10,000	\$ 2.20	\$ 12,500	\$ 2.75	\$ 15,000	\$ 3.30

* Accidental death & dismemberment (AD&D) coverage is optional for employee and/or spouse at \$.04 per \$1,000.00 coverage.
AD&D coverage terminates at age 70.

** Schedule 250 and Schedule 300 are not available for spouse coverage.

If you would like additional information or need an application form, contact our Group Term Life Department at (800) 292-1950 or (517) 351-2122 option #3.

Administered by: **mea
Financial
Services**

P.O. Box 2501
East Lansing, MI 48826-2501

Underwritten by: **Union Security Insurance Company**
2323 Grand Boulevard
Kansas City, Missouri 64108-2670

MEA

Michigan Education Association



MEA

Michigan Education Association

1216 Kendale Blvd.

P.O. Box 2573

East Lansing, MI 48826-2573



Group Term Life

UNDERWRITTEN BY
UNION SECURITY
INSURANCE COMPANY