



# New Group Set Up

## SECTION I

## GENERAL INFORMATION

Group Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

MUST Representative: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agent Employer: \_\_\_\_\_  
 Agent Phone Number: \_\_\_\_\_  
 Agent Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Agent Email: \_\_\_\_\_

## SECTION II

## GROUP DATA

Tax ID#: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Months in Benefit Year: \_\_\_\_\_  
 Eligibility Hours: \_\_\_\_\_  
 Medical Deductible and Out of Pocket Maximum Credit:  
 Yes  No  
 Estimated # of Employees Electing MUST Coverage:  
 Medical: \_\_\_\_\_ Dental: \_\_\_\_\_ Vision: \_\_\_\_\_  
 Is Dental and/or Vision Stand-Alone? YES NO

Basic Life:  
 (Plan Provided for Active Employees covered under Medical): **\$10,000**

Employer Paid Life:  Yes \$ \_\_\_\_\_  No

Voluntary Life (Employee Paid):  Yes  No

Basic Long Term Disability:  
 (Plan Provided for Active Employees covered under Medical):  Buy Up  
 Employer Paid

# of COBRA: \_\_\_\_\_ Retirees: \_\_\_\_\_ Medicare Retirees: \_\_\_\_\_  
 Married Couples: \_\_\_\_\_ Trustees: \_\_\_\_\_ Other: \_\_\_\_\_

## SECTION III

## ENROLLMENT

Online  
 Paper

Dates: \_\_\_\_\_

Preferred Method of Employee Notification:

Email  Memo

*\*Employee email list required for email notifications*

*Email Enrollment Reminder Options*

Weekly

Bi-Weekly

Other: \_\_\_\_\_

## SECTION IV

## EMPLOYER CONTRIBUTIONS

Enter your Group's Benefit Classes (e.g., certified, classified, administrators, etc.) then select one of the New Hire Rule options.  
 For additional Classifications, please attach an additional sheet.

Benefit Classification: \_\_\_\_\_

New Hire Rule:

Date of Hire \_\_\_\_\_ 1st of MO following date of hire  
 1st of MO following 30-day probation period  
 1st of MO following 60-day probation period

How much does your district contribute to this Classification?

Benefit Classification: \_\_\_\_\_

New Hire Rule:

Date of Hire \_\_\_\_\_ 1st of MO following date of hire  
 1st of MO following 30-day probation period  
 1st of MO following 60-day probation period

How much does your district contribute to this Classification?

Benefit Classification: \_\_\_\_\_

New Hire Rule:

Date of Hire \_\_\_\_\_ 1st of MO following date of hire  
 1st of MO following 30-day probation period  
 1st of MO following 60-day probation period

How much does your district contribute to this Classification?

Benefit Classification: \_\_\_\_\_

New Hire Rule:

1st Day at Work \_\_\_\_\_ 1st of MO following date of hire  
 1st of MO following 30-day probation period  
 1st of MO following 60-day probation period

How much does your district contribute to this Classification?

**Dental and Vision: Please enter the amount that is contributed, if any, by the employer.**

Use the remaining funds for vision and dental benefits.

Dental: \_\_\_\_\_

Vision: \_\_\_\_\_