



**MSEA INCOME PROTECTION PLAN APPLICATION**  
 5 Community Drive, Augusta, ME 04330 622-3151 / Fax 621-1475

Name: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Address: \_\_\_\_\_ City, St: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

New Member:  Yes  No Date of Hire: \_\_\_\_\_

Salary Increase:  Yes  No First check date with pay increase: \_\_\_\_\_

I certify that I am regularly scheduled to work at least six (6) months (1040 hours) per calendar year and I am in Salary Class \_\_\_\_\_ as shown on the Eligibility Class Chart below. I desire to be covered for \$\_\_\_\_\_ of monthly income benefit and hereby authorize my employer to withhold, from my payroll, the amount necessary to make my coverage effective.

I hereby acknowledge that the MSEA Income Protection Plan does not provide benefits for absences arising from work-related or military-related illnesses or injuries. In addition, I acknowledge that, if I need to retire from a disability, benefits will be paid in accordance with the Plan Document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept: \_\_\_\_\_ Employer: \_\_\_\_\_

Salary Class	If Your Salary is	You may have Income Protection in \$100 increments	
		From	To
A	Up to \$ 9,000.00	\$ 100.00	\$ 400.00
B	\$ 9,000.00 to \$ 10,800.00	\$ 100.00	\$ 500.00
C	\$ 10,800.00 to \$ 12,600.00	\$ 100.00	\$ 600.00
D	\$ 12,600.00 to \$ 14,400.00	\$ 100.00	\$ 700.00
E	\$ 14,400.00 to \$ 16,200.00	\$ 100.00	\$ 800.00
F	\$ 16,200.00 to \$ 18,000.00	\$ 100.00	\$ 900.00
G	\$ 18,000.00 to \$ 19,800.00	\$ 100.00	\$ 1,000.00
H	\$ 19,800.00 to \$ 21,600.00	\$ 100.00	\$ 1,100.00
J	\$ 21,600.00 to \$ 23,400.00	\$ 100.00	\$ 1,200.00
K	\$ 23,400.00 to \$ 25,200.00	\$ 100.00	\$ 1,300.00
L	\$ 25,200.00 to \$ 27,000.00	\$ 100.00	\$ 1,400.00
M	\$ 27,000.00 to \$ 28,800.00	\$ 100.00	\$ 1,500.00
N	\$ 28,800.00 to \$ 30,600.00	\$ 100.00	\$ 1,600.00
P	\$ 30,600.00 to \$ 32,400.00	\$ 100.00	\$ 1,700.00
Q	\$ 32,400.00 to \$ 34,200.00	\$ 100.00	\$ 1,800.00
R	\$ 34,200.00 to \$ 40,000.00	\$ 100.00	\$ 1,900.00
S	\$ 40,000.00 to \$ 45,000.00	\$ 100.00	\$ 2,000.00
T	\$ 45,000.00 to \$ 50,000.00	\$ 100.00	\$ 2,100.00
U	\$ 50,000.00 to \$ 55,000.00	\$ 100.00	\$ 2,200.00
V	\$ 55,000.00 to \$ 60,000.00	\$ 100.00	\$ 2,300.00
W	\$ 60,000.00 and over	\$ 100.00	\$ 2,400.00

**Income Protection premiums are set at a flat rate of \$0.40 per week for each \$100.00 of monthly coverage. For example, if you select \$1,200.00 of monthly coverage, the premiums would be calculated as \$0.40 x 12 = \$4.80 per week. Calculate on Base Salary and guaranteed income only. No Overtime. If you are paid bi-weekly, you would double this amount to determine the deduction from your paycheck.**

**FOR OFFICE USE ONLY**

Salary Amount \_\_\_\_\_  
Confirmed Salary with \_\_\_\_\_  
Stipend \_\_\_\_\_  
Premium \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Via \_\_\_\_\_  
MSEA Application Included yes / no  
Sent to Payroll \_\_\_\_\_  
Dues \_\_\_\_\_