

**EMPLOYERS APPLICATION TO
PARTICIPATE IN
SET, INCORPORATED ULTRADENT PLAN**

The undersigned employer, which is a legal entity, governmental unit or agency engaged in operating or representing educational institutions in the state of Michigan, hereby requests that it be approved as a participant in The National Educational Services Group Insurance Trust (NESGIT) and be included under the Group Insurance policies issued to said trust for the plan of insurance specified below. The undersigned employer agrees to adopt and be bound by the terms of the NESGIT Declaration of Trust and Agreement and the terms and conditions of the insurance policy(ies) issued thereto.

GENERAL DEFINITIONS

- I. **The Employer:** When the term "The Employer" is used, it means collectively all employers included under the Group Policy.
- II. **Active Work Requirement:** A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.
- III. **Covered Individual Under a Coverage:** An employee who is insured for Employee Insurance; a qualified dependent with respect to whom an Employee is insured for Dependent Insurance.
- IV. **Qualified Dependent:**
 - (1) An Employee's spouse while not divorced or legally separated from the Employee;
 - (2) Each of the Employee's qualified children who is a dependent within the meaning of the Internal Revenue code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide dental expense insurance for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while insured under the policy such child's incapacity is submitted to the Company within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child, and proof is submitted to the Company once each year thereafter of the continuation of said incapacity.

V. Premiums will be payable on a monthly basis. The percentage of the premium to be paid by the employer is 100%.

VI. Has this Group been insured previously with Assurant Employee Benefits or any other insurance carrier or service plan for any of the coverage requested?

No Yes - If yes, indicate coverages, full name of carrier and date of cancellation: SET Inc.

VII. Desired Effective Date: **July 1, 2011**

We are acquainted with the eligibility rules and understand that eligible employees must be insured now and in the future in accordance with the underwriting rules established by Assurant Employee Benefits.

Authorized Signature and Title *Joe Powers* 7-12-11
Joe Powers, Business Manager Date

Crawford AuSable Schools
Name of Employer

Mailing Address 1135 N. Old 27, Grayling, MI 49738

Number of Eligible Employees _____
Number of Eligible Employees to Participate _____

Name of Person Who Will Handle
Administrative Procedures Kim Schmidt, Business Manager

Phone Number 989-344-3757

FOR SET USE: _____
SET Operations Date

