Request for Disability/Life Proposal
Census

Municipality Name: _____

Address: _____
_____
_____
_____

Requested Effective Date: _____

Name	Date of Birth	Gender	Annual Salary	Job Title/Description

Please also include a copy of your current policy and current invoice (if applicable)

MEIT
Municipal Employers Insurance Trust

A Program Administered By

MOCKENHAUPT
BENEFITS GROUP