Montana Nonprofit Association (MNA) Workers' Compensation Group Plan Enrollment Form

Enrollment Form
The Montana State Fund (MSF) and the Montana Nonprofit Association (MNA) have entered into an agreement to provide a group plan to qualifying group members. To participate in the group plan, a group member must complete and sign this form.

General Provisions
If required, each member must meet eligibility requirements to participate in the group plan. The criteria may include the class codes that qualify, eligible loss ratio and/or experience modification factors. The effective period of the policy must be within the group plan year.

Participating members shall:
1. Maintain a policy with MSF and be subject to the terms of the policy.
2. Maintain an association membership in good standing.

The MNA shall:
Assist MSF with the operation of the group plan.

MSF shall:
Retain responsibility for underwriting, policy cancellation, claims management and claims related process.

Release
By signing this form, I authorize MSF to release to MNA (for internal use only) premium, loss and other data on my policy.

Termination
1. MSF may terminate a member's participation in this group plan if the member does not maintain an association membership in good standing, is in default of an obligation to MSF or fails to meet minimum eligibility requirements in future years (if applicable).
2. MSF may terminate a member's participation by serving notice in writing to all affected parties. Termination is effective the date specified in the notice. If no date is specified in the notice, the date of the written notice is the termination date.
3. Members may terminate their participation by serving notice in writing to the MSF. Termination is effective the date of the written notice.

Effective Date
The policy must be effective within the group plan year.

Insured Name: _____

Policy #: _____ Policy Effective Date: _____

Mailing Address: _____ City State Zip: _____

Insured Signature: _____ Date: _____

Return completed form to: Montana State Fund PO Box 4759 Helena, MT 59604-4759 Fax # (406) 495-5020