

Agent Authorization

AGENT INFORMATION

Employer Name:			
Agent Name:			
Commissions Paid To:			
Address:			
Phone:		Fax:	
Email:		Contact for the Agent:	
Broker Tax ID#:		Commission Paid To:	Agent OR Agency

GENERAL INFORMATION

Did a Ben-e-lect employee help you with the enrollment:	Yes OR No
If yes, who:	
Did you use a General Agency:	Yes OR No
If yes, who:	

AFFINITY GROUPS (If applicable)

Name of the Affinity Group:	
Affinity Group Fee (PEPM):	

GROUP MATERIAL DELIVERY INSTRUCTIONS

Send Ben-e-lect ID Cards to:	AGENT CLIENT ACCOUNT MANAGER (Circle One)
Ben-e-lect Administration Kit will be sent to:	ACCOUNT MANAGER

BROKER FEE SCHEDULE

PEPM (Per employee per month)

Medical	Standard Or
Dental	Standard Or
Vision	Standard Or

SUBMISSION CHECK OFF LIST

<input type="checkbox"/>	EMPLOYER BENEFIT AUTHORIZATION FORM
<input type="checkbox"/>	AGENT AUTHORIZATION FORM
<input type="checkbox"/>	COPY OF EMPLOYER APPLICATION
<input type="checkbox"/>	COPY OF EMPLOYEE APPLICATIONS
<input type="checkbox"/>	DE-6, STATE WAGE LISTING (MOST RECENT)
<input type="checkbox"/>	PRIOR CARRIER BILL
<input type="checkbox"/>	COPY OF THE BEN-E-LECT PROPOSAL
<input type="checkbox"/>	PHI, AUTHORIZATION TO RELEASE INFORMATION
<input type="checkbox"/>	CARRIER APPROVAL LETTER (ONCE GROUP IS APPROVED)
<input type="checkbox"/>	VOIDED CHECK OR DEPOSIT CHECK FOR CLAIMS PAYMENT (DEPOSIT CHECK MAKE PAYABLE TO EMPLOYER ELECT)
<input type="checkbox"/>	SET UP FEE \$500 (MUST BE A SEPARATE CHECK MADE PAYABLE TO BEN-E-LECT)
<input type="checkbox"/>	GROUPS ELECTING CLAIMS RUN IN, PLEASE ATTACH CLAIMS HISTORY

Please complete all of the information requested before signing this application. Please initial any changes.

Agent Signature:	
Date:	

