

# HRA BENEFIT AUTHORIZATION

## (To be completed by the Broker)

Thank you for the confidence you have placed in us by allowing us to assist you in providing a package of benefits to your client. To communicate to the plan administrator the benefits and fees you expect, please complete the following:

### **Client Information:**

Client Name: \_\_\_\_\_

Employer's Federal Taxpayer ID: \_\_\_\_\_

Principal: \_\_\_\_\_ Title: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_

### **HRA Benefit Information:**

**Employee Amount:** \_\_\_\_\_ **OR** **Employee and Dependent Shared Amount:** \_\_\_\_\_

Rollover? Yes  No  Use it or lose it? Yes  No  Notice prior to end of plan year? Yes  No

Carrier Plan Selected \_\_\_\_\_

Reimbursements to cover only expenses applied to carrier deductible? Yes  No

If "no" is checked above, explain exclusions and limitations below:

Will agent be providing a Schedule of Benefits? Yes  No

### **Benefit Information:**

Please complete this section if the employer would like to provide benefits after the HRA.

Deductible: \_\_\_\_\_ \*If the Carrier offers deductible credit please submit a copy of the members most recent Explanation of Benefits to have the credit applied.

In-Network Coinsurance: \_\_\_\_\_ Office Visit Co-pay: \_\_\_\_\_

Rx Generic: \_\_\_\_\_ Brand: \_\_\_\_\_

### **Funding Type:**

When using an HRA, deposit funding is required.

Deposit Funding (\$25 flat monthly fee)	Medical	Dental	Vision	
<b>Minimum Deposit \$2500 :</b>	\$ _____	- \$ _____	- \$ _____	= \$ _____ (x2) = \$ _____
	Current Premium	New Premium	Administration Fees	Subtotal
Reserve Funding	N/A	Dental	Vision	Deposit

### **Broker Information:**

Broker's Name: \_\_\_\_\_

Broker Fee: Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_

Broker Fee Payable to: \_\_\_\_\_

Broker Tax ID #: \_\_\_\_\_

Who do we contact for additional underwriting requirements: \_\_\_\_\_

Did a Ben-e-lect representative assist you with your client? Y N If yes, please name: \_\_\_\_\_

Is this an Affinity Group? Y N Affinity Group fee: \_\_\_\_\_ Broker fee waived? Y N

### **SIGN & DATE:**

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date