

MULTIPLE PLAN 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: _____

Contact: _____ Title: _____

Multiple Plan Benefit Information:

Carrier Plan Selected: _____ Effective Date: _____

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
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Deductible:	_____	_____	_____	_____
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In-Network Coinsurance:	_____	_____	_____	_____
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Office Visit Co-pay:	_____	_____	_____	_____
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Rx: Generic/Brand	____/____	____/____	____/____	____/____
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If implementing an HSA, will reimbursements only cover expenses applied to carrier deductible? Yes No
If "no" is checked above, explain exclusions and limitations below:

Funding Type:

Standard Funding	Medical	Dental	Vision
Must include a voided check from the account client will use to pay claims			
Start with check number: _____ If no # indicated we will default to #001			

Deposit Funding (\$25 flat monthly fee)	Medical	Dental	Vision
Minimum Deposit \$2500 : \$ _____ - \$ _____ - \$ _____ = \$ _____ (x2) = \$ _____			
	Current Premium	New Premium	Administration Fees
			Subtotal
			Deposit

Note: Final deposit using the above formula can be split into two payments.
First half will be paid upon case submission. Second half will be billed.

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
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If implementing an HSA, you are acknowledging that the group understands the custodial obligations concerning the HSA and that the group is in compliance with Federal Regulations governing the HSA and it's banking.

SIGN & DATE:

Broker's Signature

Date