

Employer Benefit Authorization

EMPLOYER INFORMATION

Employer Name:	
Contact Name:	Employer Tax ID#:
Principle Name / Title:	Carrier Name:
Effective Date:	Carrier Plan:

IN-NETWORK BENEFIT DESIGN

Under the carrier deductible

Deductible:	
Coinsurance:	
Office Visit Co-Pay:	
RX Generic:	
RX Brand:	
RX Formulary:	
Additional Instructions:	

OUT-OF-NETWORK

Ben-e-lect does not endorse the Employer supporting out-of-network benefits

Deductible:	Circle one: Combine with In-network Deductible OR Additional Deductible
Coinsurance:	Circle one: Pay as billed OR Pay only amount allowed to the deductible
Additional Instructions:	

OPTIONAL - BENEFIT DESIGN AFTER THE CARRIER DEDUCTIBLE

Ben-e-lect does not endorse the Employer supporting benefits after the deductible

Coinsurance:	
Additional Instructions:	

FUNDING TYPE

Deposit	Medical	Dental	Vision	
\$25 flat monthly fee				
FORMULA FOR DEPOSIT FUNDING				
	Current Monthly Premium			\$
		(-) Minus		
	New Monthly Premium			\$
		(-) Minus		
	Monthly Administration Fee			\$
		(=) Equals		
	Subtotal			\$
		(x2) times 2		
	Deposit Amount			\$
	(Minimum \$2500)			
Standard	Medical	Dental	Vision	
Must include a voided check from the account client will use to pay claims				
Start with CHECK NUMBER: _____				

OPTIONAL BEN-E-LECT BENEFITS

Dental:	Complete an Employer Elect Master
Vision:	Complete an Employer Elect Master
Section 125:	Complete Section 125 Enrollment
COBRA:	Yes or No
SPANISH	
Schedule of Benefits in Spanish	Yes or No How Many:



There is a monthly PEPM administrative fee (see your proposal or agent for details), there is a one-time set up fee \$500 to start the Ben-e-lect plan for the medical, there is a \$100 renewal fee that will be charged each year. Any Employer electing the "Deposit Funding" method, will be charged a monthly billing fee of \$25 a month. A portion of the member's co-pay at Preferred Pharmacies applies to the cost of dispensing prescriptions associated with pharmacies and your PBM. For the convenience of the drug card, the vendor charges from \$0.50 to \$0.60 per submission. This fee covers the cost for the electronic submission of prescriptions.

Please complete all of the information requested before signing this authorization. Please initial any changes. This is an application only. Coverage and the issuance of a Administrative Agreement is subject to review and approval by Ben-e-lect. Benefit changes may only be made at the group's carrier and or Ben-e-lect's anniversary date.

Officer of the Company Signature:	
Officer Title	
Date:	