Master Group Application

Group Information

Please use the typable text boxes. Do NOT handwrite.

Client Information

Company Legal Name	Tax ID	Plan Effective Date

Company DBA	Name on ID Cards (if different than Legal Name)

Industry Type	Prior Coverage Information (Carrier/Plan Type)

Address	Suite#

City	State	Zip	Phone

ID Card Distribution (Mailed Location)	Waiting Period	Payroll Cycle
☐ To Employee ☐ To Employer	☐ 0 Days ☐ 30 Days ☐ 60 Days	☐ W(48) ☐ W(52) ☐ BW(26) ☐ SM(24) ☐ M(12)

Employee Counts	Total # of Employees:	# of FT EE's	# of PT EE's	# of COBRA Members	# of EE's Enrolling

COBRA Information

COBRA Required? ⓘ	COBRA Administration	If Other	Cobra Business Name	Contact Name	Email
☐ Yes ☐ No	☐ Our TPA ☐ Other				

Authorized Group Contacts

Contract Signer: Who will receive the contracts to sign
Billing Contact: Who should we reach out to if there are billing issues
Eligibility: Check if this person is authorized to sent eligibility/enrollment changes to Beni
Billing: Check if this person should receive invoices in addition to the Billing Contact

Type	Name	Title	Email	Eligibility	Billing
Contract Signer:				☐	☐
Billing Contact:				☐	☐
Contact 3:				☐	☐
Contact 4:				☐	☐

Broker of Record/Servicing Agent

The Broker/Agent representing your group and who will be included in all communications regarding your account.

Type	Name	Agency	Email	Title
Broker of Record*:				
Servicing Agent*:				
Additional Contact:				

1095 Services ⓘ

1095 Filing is an Employer Requirement when offering Beni Solutions MV plans. If you do not already have a vendor, please make sure you opt in and enroll for compliance purposes.

Enroll in Our 1095 Services	Next Step	
☐ Yes ☐ No		**Enroll Online:** Enroll in 1095 Services *Beni will send your data file in January 2027 and you will then begin the process directly with Tax1099.*

Master Group Application

Plan Selections

MEDICAL PLANS *(Max of 5 Plans)*

**These MV Plan rates are NOT applicable to groups in NY, CT, or CA.*

Check off which plans you will be offering your employees. If the plan is not checked, it will not be added to your policy and will not be available as an enrollment option.

MV Plan Options	EE:	ES:	EC:	FAM:	Employer Contribution
☐ Essential MV	**$389**	**$785**	**$739**	**$995**	
☐ Essential MV + Protection Plus	**$444**	**$898**	**$835**	**$1,131**	
☐ Premium MV	**$499**	**$909**	**$819**	**$1,229**	
☐ Max MV	**$639**	**$1,241**	**$1,091**	**$1,707**	
MEC Plan Options	**EE:**	**ES:**	**EC:**	**FAM:**	**Employer Contribution**
☐ WellCare MEC	**$49**	**$89**	**$89**	**$119**	
☐ KeyCare MEC	**$80**	**$160**	**$160**	**$240**	
☐ VitalCare MEC	**$139**	**$260**	**$260**	**$375**	
☐ VitalCare MEC + National Base	**$172**	**$325**	**$312**	**$460**	
☐ VitalCare MEC + National Select	**$189**	**$379**	**$354**	**$526**	

ANCILLARY PLANS

Ancillary Options	EE:	ES:	EC:	FAM:	Employer Contribution
☐ Preventive Dental	**$22**	**$42**	**$39**	**$65**	
☐ Comprehensive Dental	**$49**	**$98**	**$93**	**$150**	
☐ Vision	**$10**	**$20**	**$21**	**$35**	
☐ National Base (Hospital Indemnity)	**$35**	**$76**	**$55**	**$95**	
☐ National Select (Hospital Indemnity)	**$59**	**$124**	**$96**	**$155**	
☐ Critical Illness $10,000	**$16**	**$32**	**$32**	**$36**	
☐ Critical Illness $20,000	**$32**	**$64**	**$64**	**$72**	
☐ Accident	**$13**	**$20**	**$22**	**$29**	
☐ Life Insurance $10,000 (EE Only)	**$4**	—	—	—	
☐ Life Insurance $25,000 (EE Only)	**$10**	—	—	—	
☐ Life Insurance $50,000 (EE Only)	**$20**	—	—	—	

Client Acknowledgement

	Initial
Minimums: I acknowledge the minimum participation guidelines and understand my account may not be accepted if I do not meet the minimums. MV Plans: 5 Primary Enrollments | MEC: 10 Primary Enrollments (can include MV lives) | Dental and Vision: 5 Primary Enrollments Each. If I fall below these minimums over the course of the policy, I understand I will be charged a "ghost life" fee for each member below the min.	
Ghost Life Fees: *MV or MV&MEC*: $100 for every MV member below 5 enrolled. | *MEC Only*: $49 for every MEC member below 10 enrolled.	
Eligibility: I understand enrollments can only be processed on the 1st of the month and terminations can only be processed on the last day of the month.	
Plan Changes: I understand Employees may change their benefit plan and/or coverage tier during the annual renewal period or when experiencing a qualified life event that permits changes under a Special Enrollment Period. Changes cannot be made at any other time during the plan year.	
Retroactive Adjustments: I understand there is a limit of "60 days within the last day of the month" to process retroactive adjustments like terminations and enrollments. *Example:* The latest an enrollment for 1/1 can be submitted is 2/28. | The latest a 12/31 termination can be submitted is 2/28.	
Billing & Employee Contributions: I acknowledge that the full monthly premium will be drafted from the bank account(s) on file. Any employee contributions collected through payroll deductions are the sole responsibility of the employer to manage internally. Beni Solutions does not administer or process funds collected from employees.	

Signature

Authorized Group Signer (Name)	Signature	Title	Date
_____	_____	_____	_____

Master Group Application

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MV Plan Options – NY,CT,CA	EE:	ES:	EC:	FAM:	Employer Contribution
☐ Essential MV	**$428**	**$864**	**$813**	**$1,095**	
☐ Essential MV + Protection Plus	**$483**	**$977**	**$909**	**$1,231**	
☐ Premium MV	**$549**	**$999**	**$900**	**$1,352**	
☐ Max MV	**$703**	**$1,365**	**$1,201**	**$1,877**	
MEC Plan Options	**EE:**	**ES:**	**EC:**	**FAM:**	**Employer Contribution**
☐ WellCare MEC	**$49**	**$89**	**$89**	**$119**	
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Signature

Authorized Group Signer (Name)	Signature	Title	Date
_____	_____	_____	_____

ACH Authorization Agreement

Required

Beni Solutions requires an ACH transaction to withdraw the monthly premium payment for your group's health insurance policy. *Please make certain that the funds are available by the Due Date to avoid interruption of service.*

Client Account

Client Legal Name:		Effective Date:	

Billing Details

Invoice:	Invoice is generated and sent out by the 25th of month prior to due date.
Billing Period:	The next month following the Invoice Date (e.g., Invoice generated on October 25th will be for the November billing period).
Due Date:	The 1st business day of each month (adjusted if necessary for holidays). This is when funds will be drafted.
Requirements:	Beni Solutions requires: • Groups to maintain a minimum participation level of five (5) employees. | Ghost Life fee applies if below minimum. • Groups to provide written notification to voluntarily terminate their policy, effective thirty (30) days prior to termination date. • Failure to pay premiums on a timely basis will result in termination of the group policy. Claims that processed without premium payment remitted will be at the responsibility of the Employer.
Adjustments:	Retroactive adjustments will be applied for thirty (30) days only. Premiums are NOT pro-rated. No refunds and/or partial refunds are issued. Client should pay as billed. Any reconciliation will be reflected on the next month's bill.
ACH Returns:	Should your draft be returned for any reasons, an email notification will be sent to ensure payment issue is corrected. If ACH is returned a second time $100 fee will be added to the following invoice to recover fees incurred to Beni Solutions.
ACH ID's:	Banks often block unknown ACH IDs by default as a fraud-prevention measure. To ensure payments are not rejected, please add/whitelist **ALL** of Beni Solutions' ACH ID's to your bank account. **ACH ID #1: 2204895317 | ACH ID #2: 1204895317 | ACH ID #3: 3204895317 | ACH ID #4: 4204895317 | ACH ID #5: 8204895317 | ACH ID #6: 1082689000**

ACH Authorization Agreement

I hereby authorize **Beni Solutions** to initiate monetary withdrawals from my account at the financial institution named above for the limited purposes of payment of amounts due for participation in the Beni Solutions Program.

Further, I agree not to hold **Beni Solutions** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until **Beni Solutions** receives written cancellation from me or my financial institution.

Invoicing Set Up Options | Subgroups

☐ 1. My account **does NOT** have subgroups: If so, proceed to bank account details section. No action needed.

☐ 2. My account **DOES** have subgroups:
- If so, complete Subgroup Invoice Options ⟶
- Ensure subgroup column is filled out on enrollment census
- If *Subgroup Invoice Option B:* Complete this form for **each** subgroup. 4 Subgroups = 4 ACH Forms.

Subgroup Invoice Options *(if Option 2)*

☐ A. **One** group invoice and one bank account drafted with subgroups listed next to member name

☐ B. **Multiple** invoices and bank accounts drafted: One per subgroup

Bank Account Details

Subgroup Name(*if Option B*):		Account Type:	☒ Checking
Name on Account:		Billing Contact:	
Bank Name:		Phone Number:	
Routing Number:		Email Address:	
Account Number:		Email Address 2:	

Signature

Authorized Group Signer (Name)	Signature	Title	Date
_____	_____	_____	_____