



## The Preferred Group

PO Box 15136  
Albany, NY 12212-5136  
(800) 573-7474  
www.thepreferredgroup.com



### Request for Benny™ Prepaid Benefits Card

Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Email Address (Required): \_\_\_\_\_

I wish to enroll in the Benny™ Prepaid Benefits Card Program.

I understand that the benefit card(s) are to be used for eligible expenses allowed through my employer's plan. I further understand that I am solely responsible for the validity of the charges and **I am to retain all originals or copies of all documents of which charges appear on the debit card.** I also certify that none of these expenses have been previously submitted for reimbursement. I understand that should these expenses be reimbursed to me by other health coverage or if the charges are deemed to be unreimbursable, I shall return the monies paid to me by this plan, for re-crediting of my account.

I understand that by using the benefit card, I will have on-line access to my account information. General communications regarding my account and any requests for the substantiation of charges will be done via email. Requests for the substantiation of charges that are not answered/validated may result in card suspension.

I understand that I will receive two (2) benefit cards upon enrolling. I understand that cards will be received in 7-10 business days from date of enrollment. I understand that a fee of \$18.00 per year will be deducted from my account at the beginning of the plan year.

I am requesting additional cards for eligible dependents at the cost of \$5.00 per card.

# \_\_\_\_\_ cards @ \$5.00 each = \$ \_\_\_\_\_  
(to be deducted from plan account)

If a card is lost/stolen or damaged, there is a fee of \$5.00 for replacement. You may call The Preferred Group for replacement and cancellation of lost/stolen or damaged card(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date