



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

Mail Completed Form Directly to Preferred Group Plans:

The Preferred Group, P.O. Box 15136, Albany, N.Y. 12212-5136, OR send by Fax to PGP at (518) 641-0325. (Do not return to Human Resources.)



THE PREFERRED GROUP

FLEXIBLE BENEFIT PLAN: Authorization Agreement for Direct Deposit of Flex Reimbursement

Mail completed form to: **The Preferred Group, PO Box 15136, Albany, NY 12212-5136**
(Do not return to Human Resources.)

Use this form to initiate or cancel direct deposit, or to change bank accounts. The authorization agreement must be sent to The Preferred Group two to three weeks before the direct deposit / change is activated. All requests for Direct Deposit must be submitted on this form and include a voided check for the account. This direct deposit form will not be processed if a voided check is not attached. Deposit slips are not acceptable as appropriate routing numbers may not be available.

Reimbursement will only occur if you have submitted a claim to The Preferred Group with receipts for eligible expenses. The Preferred Group does not guarantee payments on any date. The Preferred Group is not responsible for bank charges of any type that you may incur for direct deposit transactions. Do NOT assume that a payment has been made to your account at any time. You are solely responsible for checking with your bank as to the deposit amount and date of direct deposits made to your account.

By signing this direct deposit form, you understand that a direct deposit for your reimbursement expenses will be credited to your bank account within 2 business / banking days of the processing of your claim. (Miss-posted funds will be corrected upon discovery.) You are also authorizing The Preferred Group to initiate credit entries to your checking account and to notify you of your direct deposit by email only. You are certifying that the information that you are supplying below is both accurate and valid and you will notify The Preferred Group as any changes occur. If this is a joint account or in someone else's name that individual must also sign and therefore agree to the terms of this direct deposit form.

To set up for direct deposit you must:

- Have an open checking account
- Provide a copy of a voided check (attach to this authorization)
- Have a valid email address

Please check the appropriate box: () Initiate Direct Deposit () Change Account () Cancel Direct Deposit

***Required Fields**

*Employee Name: _____

*Employee Email Address: _____

*Participant ID Number: _____

*Employer Name: _____

Bank Name: _____

Bank Routing Transit Number: _____

Bank Account Number: _____

*Authorizing Signature(s): _____

For assistance in finding routing and account numbers please see below. **Please attach your cancelled check over the sample image.**

