

How to complete the Beniversal® Card Group Insurance Form

Your Group Insurance Form provides information that is needed to automatically adjudicate Beniversal Card transactions. Co-pay amounts associated with a cardholder's group insurance coverage can be compared to that cardholder's transactions at a corresponding merchant. If a co-pay match is identified, the cardholder does not need to submit follow-up documentation.

In order to ensure the best cardholder experience, please complete this form accurately and submit it to Benefit Resource, Inc. (BRI) along with the co-pay information for your Group Insurance Plans. (When you submit participant elections to BRI, you will need to also provide group insurance coverage information for each participant.)

Instructions:

1. Enter the Employer name.
2. In Section A, list all group Health Insurance Plan(s) offered to employees:
 - a. Enter the Group Insurance Carrier (e.g. Dolphin Insurance Company).
 - b. Enter the Plan Name (e.g. HMO America).
 - c. Enter the Sub-Plan Name only if the Group Insurance Carrier and Plan Name do not clearly define the plan (e.g. Dolphin Insurance Company HMO America has two separate sub-plans: Value Plan and 25 Plus).
 - d. Enter the Insurance Effective Date (e.g. Enter 01/01/2012 if your insurance plan year runs January 1 through December 31).
 - e. In the "Co-Pays?" column, enter "Y" if the plan has co-pays; enter "N" if it does not.
 - f. For each group insurance plan listed with "Co-pays?" = "Y", you must provide a copy of the plan's co-pay summary sheet.
3. In Section B, repeat the process outlined in #2a - 2f above for group Vision Insurance Plan(s) offered to employees. Note:
 - a. If you do not offer any Vision Insurance that has co-pays, you do not need to complete the Vision section of this table.
 - b. If you have at least one Vision Insurance Plan that has co-pays, list all Vision Insurance Plans that you offer to employees.
4. In Section B, repeat the process outlined in #2a - 2f above for group Dental Insurance Plan(s) offered to employees. Note:
 - a. If you do not offer any Dental Insurance that has co-pays, you do not need to complete the Dental section of this table.
 - b. If you have at least one Dental Insurance Plan that has co-pays, list all Dental Insurance Plans that you offer to employees.
5. Fax the completed form and group insurance co-pay information to BRI Client Ops Dept - Implementation at (585) 424-7273.



GROUP INSURANCE FORM

Due to BRI: Thirty (30) days prior to Plan Year begin date
Fax completed form to: (585) 424-7273, Attn: Client Ops Dept. – Implementation

Employer: _____

A. List all Health Insurance Plans below.

		Group Insurance Carrier	Plan Name	Sub-Plan Name	Insurance Effective Date	Insurance Code	Co-pays? (Y/N)
Health Insurance						MED000	
						MED000	
						MED000	
						MED000	
						MED000	
						MED000	

B. List all Dental and Vision Insurance Plans below only if any plans have co-pays. Note: If none of your Vision plans have co-pays, you do not need to complete the Vision section; if none of your Dental plans have co-pays, you do not need to complete the Dental section.

		Group Insurance Carrier	Plan Name	Sub-Plan Name	Insurance Effective Date	Insurance Code	Co-pays? (Y/N)
Vision						OPT000	
						OPT000	
						OPT000	
Dental						DEN000	
						DEN000	
						DEN000	



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Fax completed form to: (585) 424-7273, Attn: Client Ops Dept. – Implementation

Employer: _____

A. List all Health Insurance Plans below.

	Group Insurance Carrier	Plan Name	Sub-Plan Name	Insurance Effective Date	Insurance Code	Co-pays? (Y/N)
Health Insurance	Penguin Healthcare	HDHP – High Deductible Health Plan		01/01/0000	MED000	N
	Penguin Healthcare	EPO		01/01/0000	MED000	Y
	Dolphin Insurance Company	HMO America	Value Plan	01/01/0000	MED000	Y
	Dolphin Insurance Company	HMO America	25 Plus	01/01/0000	MED000	Y
	Camel Health Insurance	PPO Medical	OAP – Open Access Plan	01/01/0000	MED000	Y
					MED000	

B. List all Dental and Vision Insurance Plans below only if any plans have co-pays. Note: If none of your Vision plans have co-pays, you do not need to complete the Vision section; if none of your Dental plans have co-pays, you do not need to complete the Dental section.

	Group Insurance Carrier	Plan Name	Sub-Plan Name	Insurance Effective Date	Insurance Code	Co-pays? (Y/N)
Vision	Owl Eyecare	Select		01/01/0000	OPT000	Y
	Rabbit Vision	1234-A		01/01/0000	OPT000	N
					OPT000	
Dental	Crocodile Insurance Company	PPO Dental		01/01/0000	DEN000	Y
	Shark Dental	Preferred Option Plan		01/01/0000	DEN000	N
					DEN000	