



## EMPLOYER GROUP BENEFIT AUTHORIZATION

Legal Name of Company \_\_\_\_\_ Tax ID Number \_\_\_\_\_

DBA Name \_\_\_\_\_ # of Employees \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorizing Officer \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

### Enrollment Information

Benefit Effective Date \_\_\_\_\_ Enrollment Date(s) \_\_\_\_\_

Plans / Pricing – Monthly (includes group discount)

**CORE Elite**                      \$14.99 – Individual / \$29.99 – Family

**CORE Comprehensive**      \$8.99 – Individual / \$17.99 – Family

**CORE Essential**              \$ 4.99 – Individual / \$7.99 – Family

Enrollment type – choose one

- Voluntary - Payroll Deduction or Self-Payment Web Enroll (circle one)
- Fringe / Employer Paid Only – Employer Plan Choice – Essential, Comprehensive, Elite (circle one)
- Hybrid / Partial Fringe – Employer paid Essential Plan with Voluntary Upgrade via Payroll Deduction

Enrollment Frequency

- Evergreen – enrollments allowed anytime during the year
- Only during open enrollment or qualifying event

Enrollment Effective Date

- First of following month
- Other: \_\_\_\_\_

Cancel Option

- First of the following Month
- Open enrollment or qualifying event

### Billing Information

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Plan Administrator \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**(email address is required for electronic monthly billing)**

- Billing address is same as company address

Billing Attention \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Broker / TPA Information

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Company Type

- Broker
- TPA

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Broker name \_\_\_\_\_ Signature \_\_\_\_\_

### Company Authorization

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By signing this form, I represent I have the authority to allow Securus ID Inc (Securus ID) to provide Securus ID plan services to all eligible company employees.

Authorizing Office Signature \_\_\_\_\_ Date \_\_\_\_\_