NDHS, LLC

HealthFlex Limited Medical Instruction and Group Summary Form for all employers who would like to pay for employee benefits via monthly ACH, monthly Credit Card withdrawal or monthly list bill.

ALL GROUP BUSINESS MUST BE SUBMITTED NO LATER THAN 7 BUSINESS DAYS PRIOR TO THE REQUESTED ELIGIBILITY DATE.

GROUPS WITH 2-4 ENROLLING EMPLOYEES CAN PAY VIA A MONTHLY ACH OR CREDIT CARD WITHDRAWAL:

1. Complete the Group Summary Form & have employees complete an Employee Enrollment Application.
2. Select and complete a payment option below and **initial the billing authorization.**
3. Mail the completed Instruction and Group Summary Form (both pages) and accompanying completed Employee Enrollment Applications to Carolina Benefit Associates at 212 S. Tryon Street, Suite 1285, Charlotte, NC 28281 no later than 7 business days prior to the requested eligibility date

☐ **Monthly ACH withdrawal:**

- Please enter your bank account information here:

  Bank Name: ______________________

  Routing Number (9 digits): ______________________

  Bank Account Number: ______________________
- Include a voided check with the completed Instruction and Group Summary Form and completed Employee Enrollment Applications to send to CBA.

☐ **Monthly Credit Card withdrawal:**

- Please enter your card information here:

  Credit Card Type: ☐Visa® ☐Master Card ☐AMEX ☐Discover

  Account Number: ______________________

  Account Holders Name: ______________________

  Expiration Date: _________ Verification Code: _________

  (3 digits on the right side of your signature line)

_______ **INITIAL HERE.** I authorize Carolina Benefit Associates (CBA), NDHS, LLC's billing administrator, to deduct the periodic payments from my account as noted above for my employees' memberships. This authority shall remain in force until I notify CBA in writing of its cancellation.

GROUPS WITH 5 OR MORE ENROLLING EMPLOYEES CAN PAY VIA A MONTHLY LIST BILL.

1. Complete the Group Summary Form & have employees complete an Employee Enrollment Application.
2. Review and **initial the billing terms below.**
3. Mail the completed Instruction and Group Summary Form (both pages) and accompanying completed Employee Enrollment Applications, with a check made payable to Carolina Benefit Associates for the first month's membership fees and one-time set-up fee (if applicable), to Carolina Benefit Associates at 212 S. Tryon Street, Suite 1285, Charlotte, NC 28281 no later than 7 business days prior to the requested eligibility date.

_______ **INITIAL HERE.** I acknowledge the terms for billing. All fees for any month's memberships must be paid in advance of that month. The first month's membership fees, the one-time set-up fee (if applicable), and the completed Employee Enrollment Applications must accompany the completed Instruction and Group Summary Form (both pages). A bill for the second month's membership fees will be issued after the initial memberships become effective, being due prior to 7 business days before the 1st of the following month. The group will be billed once monthly, having at least 20 days to pay. Any groups having not paid within the time period allowed shall have all memberships terminated as of the end of the period for which memberships were previously paid. If payment is received after termination the memberships will again become effective the 1st day of the month following the date payment is received (the 1st day of the second following month if payment is received during the 7 business days preceding the 1st day of a month). Retroactive reinstatements are not permitted. List bill groups that fall below 5 enrolled employees must transition to a monthly ACH or Credit Card withdrawal.

DO NOT ENTER GROUP ENROLLMENTS INTO THE PME SITE!
Mail all Group Enrollments to CBA as directed above.

Direct all inquiries/questions regarding group enrollments to April Shaw by email: aprilshaw@comcast.net or phone: 1-800-687-3995 ext. 102.

NDHS, LLC

Group Summary Form

Requested Eligibility Date:

Business Name: ______

Business Address: ______

City: ______ State: ______ Zip: ______

Phone: ( ) ______ Fax: ( ) ______

Email Address: ______

EIN/Federal Tax ID **(required)**: ______

______
Contact Name for payment verification

______
Title

______
Direct number or extension

Please list each Primary Member below.

Primary Member Name	Plan Type (I/F)*	Daily Hospital Confinement	Surgical Unit Value	Monthly Fees
1.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
2.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
3.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
4.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
5.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
6.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
7.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
8.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
9.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$
10.		□ $300 □ $500 □ $1,000	□ $25 □ $40 □ $60	$

***Plan Type – I (Individual), F (Family)**

	$300/$25	**$300/$40**	**$300/$60**
Single/mo.	$129.95	$149.95	$159.95
Family/mo.	$219.95	$249.95	$279.95
	$500/$25	**$500/$40**	**$500/$60**
Single/mo.	$139.95	$159.95	$174.95
Family/mo.	$245.95	$279.95	$309.95
	$1,000/$25	**$1,000/$40**	**$1,000/$60**
Single/mo.	$165.95	$185.95	$199.95
Family/mo.	$299.95	$339.95	$369.95

Total for enrolling employees:	$
One time set-up fee (non-refundable) for groups of 2-4 primary members:(contact NDHS for amount of set-up fee, if any, for groups of 5 or more primary members)	$ 100.00
First month total amount:	$

If paying by list bill, make checks payable to:
Carolina Benefit Associates

THE COMPLETED INSTRUCTION AND GROUP SUMMARY FORM (BOTH PAGES) AND ACCOMPANYING COMPLETED EMPLOYEE ENROLLMENT FORMS MUST BE RECEIVED BY CBA NO LATER THAN 7 BUSINESS DAYS PRIOR TO THE REQUESTED ELIGIBILITY DATE.

HealthFlex Limited Medical Plan members are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy purchased by Protective Marketing Enterprises, Inc. (PME) and underwritten by an A.M. Best rated insurance company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate provided in your membership materials and the Group Accidental Death and Dismemberment and Medical Care Insurance Policy (Form No. G-19000; NAIC # 70106) issued to PME. The Hospital Stay Benefits, Intensive Care Unit benefits, Doctor's Visit Benefits, Surgical Benefits, Emergency Room Benefits and Ambulance Benefits are not provided for loss due to a pre-existing condition for 12 months from the Covered Person's effective membership date and are not provided for members over the age of 64. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the employee kits made available at the time of enrollment. In addition, Hospital indemnity plans are exempt from coordination of benefits provisions.

The HealthFlex Limited Medical Plan includes the HealthFlex Medical Discount Program that is not health insurance. The Program provides discounts at certain health care providers for medical and ancillary services, and the Program does not make payments directly to the provider of services. Members are required to pay the provider the discounted rate at the time of service. The Program is a discount and service program offered by NDHS, LLC through various third-party sponsors that hold contracts with or leasing arrangements for third-party service providers. The third-party sponsors are not the providers of services under this program. They solely arrange for access to discounts from independent third-party service providers and do not warrant or guarantee the suitability and/or quality of any service provided. Participating Providers are subject to change without notice and are not available in all areas. Not protected by any state life and health guaranty association. Not all prescription drugs are available through this program. Actual savings may vary. A Member's participation in this program is governed by the terms of the Membership Agreement provided upon activation. Not available to residents of all states.

Your employees are enrolling in a discount program with an added, separate limited medical coverage plan. The limited medical coverage plan does not guarantee 100% medical coverage, and not all services or providers of services are covered. The underwriting insurance company is not a marketer for, nor an agent for any of the services or benefits for which your employees are enrolling.

Authorized Signature: ______ Date: ____/____/____

Name: (Please Print): ______ Title: ______

Licensed Agent Name: ______ PME#: ______