



Oronoco Township  
Olmsted County  
Attn: Jody Schroeder, PO Box 324  
Oronoco, MN 55960

Greetings!

Enclosed is your Minnesota Benefit Association group insurance billing invoice . Thank you for your continued commitment to Minnesota Benefit Association .

Please remit the required amount to our office by 4-1-2025. **If payment is not received by 4-30-2025, your coverage could be terminated.**

**If you have any changes to your contact information please return this form to our office with your updates noted below.**

Township Email Address:

Contact Person:

Phone Number:

Mailing Address:

- Check the box if your Township would like to receive future invoices and communications via email. If so, be sure to include the relevant email addresses in your updates above.
- Check the box if you would like to pay your invoice via EFT. If so, we will email you an EFT form to obtain the banking details and permission.

If you have any questions please contact the Minnesota Benefit Association team at 800-360-6117 or [info@MinnesotaBenefitAssociation.org](mailto:info@MinnesotaBenefitAssociation.org).

**Please notify MBA of changes as they occur throughout the policy year by submitting the Township Change Form found under the Township Section of the MBA website.**



Invoice Date **1/28/2025**  
 Due Date **4/1/2025**  
 Print Date **1/28/2025**  
 Account # **0002786**  
**Page 1 of 2**

Oronoco Township  
 Olmsted County  
 Attn: Jody Schroeder, PO Box 324  
 Oronoco, MN 55960

## Invoice # 2025-0309361

		Past Charges	New Charges	Total Due	
		\$0.00	\$1,605.00	\$1,605.00	
Line Description			Policy #	Subtotal	
<b>Joel E Johannngmeier</b>					
1	Platinum Plan	Life Insurance	Prudential	121867	Annual \$320.00
				Insured Subtotal	320.00
<b>Brandi D Lind</b>					
2	Platinum Plan	Life Insurance	Prudential	11191982	Annual \$320.00
				Insured Subtotal	320.00
<b>Tammy Matzke</b>					
3	Platinum Plan	Life Insurance	Prudential	7167	Annual \$320.00
				Insured Subtotal	320.00
<b>Ken Merton</b>					
4	Platinum Plan	Life Insurance	Prudential	33157	Annual \$320.00
				Insured Subtotal	320.00
<b>Jody Schroder</b>					
5	Platinum Plan	Life Insurance	Prudential	8291979	Annual \$320.00
				Insured Subtotal	320.00
6	Annual Admin Fee				\$5.00
				Subtotal	\$1,600.00
				Past Charges	\$0.00
				Admin Fee	\$5.00
				<b>Total Amount</b>	<b>\$1,605.00</b>

Please note below our new mailing address.

Thank you! We appreciate your member participation.

Due Date **4/1/2025**  
 Invoice # **2025-0309361**

*Important legal notice: It is your responsibility to pay insurance premiums on or before their due date. Failure to make timely payments of those insurance premiums will automatically result in the cancellation of your insurance coverage. Any insurance claims submitted by you after policy cancellation will not be honored. Similarly, Benafica - the administrator for the Minnesota Benefit Association, is not responsible or liable for the consequences of your failure to make timely payments of your insurance premiums. A late fee will be applied if not received on time.*

Minnesota Benefit Association 6701 Upper Afton Road  
 (800) 360-6117 Woodbury, MN 55125

[info@minnesotabenefitassociation.org](mailto:info@minnesotabenefitassociation.org)  
[www.minnesotabenefitassociation.org](http://www.minnesotabenefitassociation.org)

**TOWNSHIP UPDATE**

Member List

Joel E Johanningmeier, Brandi D Lind, Tammy Matzke, Ken Merton, Jody Schroder

Please cross off the names of any individuals listed above who are no longer serving on your Township Board . Please enter below the following information about their replacement: **Name, Date of Birth, Gender, SSN, and Complete Mailing Address.**The new Officer's coverage will become effective April 1st. Thank You.

<b>Name</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>SSN</b>
_____	__/__/__	M / F	_____
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____

<b>Name</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>SSN</b>
_____	__/__/__	M / F	_____
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____

**\*\* IMPORTANT \*\*** Your Township can increase coverage to the Silver, Gold or Platinum Plans. If your Board decides to take advantage of this opportunity to increase coverage, check the appropriate lines below. Please sign to authorize the change and submit the appropriate premium for the plan chosen.

\_\_\_ Yes! I would like to replace our existing plan with

___ Silver	___ Gold	___ Platinum
10k Face Amt	15k Face Amt	20k Face Amt
\$160	\$240	\$320

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please notify MBA of changes as they occur throughout the policy year by submitting the Township Change Form found under the Township Section of the MBA website.

**All changes to Township board positions must be submitted to Minnesota Benefit Association within 30 days of the change.**

**PLEASE RETURN THIS ENTIRE PAGE IF CHANGES ARE MADE.**

*Detach the portion below and return with your payment. THANK YOU.*

Group #	Account #	Invoice #	Due Date	Total Due
5681	0002786	2025-0309361	4/1/2025	\$1,605.00

Oronoco Township  
 Olmsted County  
 Attn: Jody Schroeder, PO Box 324  
 Oronoco, MN 55960

Send to: Minnesota Benefit Association  
 6701 Upper Afton Road  
 Woodbury, MN 55125

<b>Office Use Only</b>	
Minnesota Benefit Association	
Received: _____	_____
Staff: _____	_____

**MAKE CHECK PAYABLE TO: Minnesota Benefit Association**

**WARNING: DO NOT SEND CASH**

<b>Amount Enclosed</b>
\$ _____