



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 4-1-2026. Your group has a 30 day grace period.

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 and Position on Board:

Phone Number:

Mailing Address:

We have included one beneficiary form, please make copies and distribute to your members at your next meeting. The beneficiary forms should be returned to our office :
6701 Upper Afton Road, Woodbury, MN 55125.

If you have any questions please contact the Minnesota Benefit Association team at 800-360-6117 or 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 **1/28/2026**
 Due Date **4/1/2026**
 Print Date **1/28/2026**
 Account # **0002786**
Page 1 of 2

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

Invoice # 2026-0371219

		Past Charges	New Charges	Total Due
		\$0.00	\$1,605.00	\$1,605.00
Line Description			Policy #	Subtotal
Joel E Johanningmeier				
1	Platinum Plan	Life Insurance	Prudential 121867	Annual \$320.00
				Insured Subtotal 320.00
Brandi D Lind				
2	Platinum Plan	Life Insurance	Prudential 11191982	Annual \$320.00
				Insured Subtotal 320.00
Tammy Matzke				
3	Platinum Plan	Life Insurance	Prudential 7167	Annual \$320.00
				Insured Subtotal 320.00
Ken Mergen				
4	Platinum Plan	Life Insurance	Prudential 33157	Annual \$320.00
				Insured Subtotal 320.00
Jody Schroeder				
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
				Total Amount \$1,605.00

Thank you! We appreciate your member participation.

Due Date **4/1/2026**
 Invoice # **2026-0371219**

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
www.minnesotabenefitassociation.org

Member List

Joel E Johanningmeier, Brandi D Lind, Tammy Matzke, Ken Mergen, Jody Schroeder

Please cross off the names of any individuals listed above who are no longer serving on your Township Board , please enter below information about their replacement. The new Officer's coverage will become effective April 1st.

Name	Date of Birth	Gender	SSN	Email
_____	___/___/___	M / F	_____	_____
Street	City	State	Zip	Position
_____	_____	_____	_____	_____

Name	Date of Birth	Gender	SSN	Email
_____	___/___/___	M / F	_____	_____
Street	City	State	Zip	Position
_____	_____	_____	_____	_____

*** 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.

PLEASE RETURN THIS ENTIRE PAGE IF CHANGES ARE MADE, DON'T DETACH THE PAYMENT PORTION.

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

Group #	Account #	Invoice #	Due Date	Total Due
5681	0002786	2026-0371219	4/1/2026	\$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

Office Use Only	
Minnesota Benefit Association	
Received:	_____
Staff:	_____

MAKE CHECK PAYABLE TO: Minnesota Benefit Association

WARNING: DO NOT SEND CASH

Amount Enclosed
\$