REQUEST FOR
PREAUTHORIZED CHECK

Mass Benefits Consultants, Inc. is hereby requested and Authorized to present checks drawn on my checking account number _____ beginning on or about the 1st day of _____, 20____, and on or about the same day of each month thereafter until this authorization is revoked. I understand that premiums are withdrawn one month in advance of the benefit period.

(Note: Your signature below the bank
         authorization portion will also apply
         to the above authorization.)

         IMPORTANT: BE SURE TO INCLUDE A VOIDED
         BLANK CHECK FOR YOUR BANK CHECKING
         ACCOUNT WITH THIS AUTHORIZATION.
_____
Print the name and address of your bank:

Bank:_____
Street Address:_____
City:_____ State:_____ Zip:_____

Authorization to Honor Checks Drawn in the Name of Mass Benefits Consultants, Inc.
  As a convenience to me, the undersigned, I hereby request and authorize you to pay and charge to my account checks drawn on my account in the name of Mass Benefits Consultants, Inc. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check.
  I agree that your treatment of each such check and your rights with respect to it shall be the same as if it were signed personally by me. I further agree that if any such check is dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.
   Mass Benefits Consultants, Inc. is instructed to forward this authorization to you.

_____   _____
   DATE   SIGNATURE OF BANK DEPOSITOR - AS SHOWN
                 ON BANK RECORDS FOR THE ACCOUNT TO
                 WHICH THIS AUTHORIZATION IS APPLICABLE.

_____ _____
CHECKING ACCOUNT NUMBER   PRINTED NAME OF DEPOSITOR

_____ _____
NAME OF BANK & BRANCH NAME   TRANSIT NUMBER