

HEALTH BENEFITS DIRECT CORPORATION

BENEFICIAL OWNER ELECTION FORM

INSTRUCTION

The undersigned acknowledge(s) receipt of your letter and the enclosed materials referred to therein relating to the rights offering by Health Benefits Direct Corporation (the "Company") of subscription rights ("Rights") distributed to the holders of record of shares of common stock and preferred stock of the Company as of the close of business on January 1, 2010 to subscribe for and purchase Units, as defined in the Prospectus. The Rights are described in detail in the Company's Prospectus dated January 22, 2010 (the "Prospectus"), which is attached.

This will instruct you whether to exercise Rights to purchase Units with respect to the shares held by you for the account of the undersigned, pursuant to the terms and subject to the conditions set forth in the Prospectus and the related "Instructions for Use of Health Benefits Direct Corporation Subscription Rights Certificates."

Box 1. Please DO NOT EXERCISE RIGHTS for Units.

Box 2. Please EXERCISE RIGHTS for Units.

	NUMBER OF RIGHTS		SUBSCRIPTION PRICE	=	PAYMENT	
Basic Subscription Right:	_____	X	\$1,000	=	\$ _____	(Line 1)
Over-Subscription Privilege:	_____	X	\$1,000 =	=	\$ _____	(Line 2)
Total Payment Required:				=	\$ _____	(Sums of Lines 1 and 2 must equal total of amounts in Boxes 3 and 4.)

Box 3. Payment in the following amount is enclosed \$ _____.

Box 4. Please deduct payment from the following account maintained by you as follows:

Type of Account

Account No.

Amount to be deducted: \$ _____

SIGNATURE(S)
Please type or print name(s) below:

Date: _____, 2010

