UAatWork® | UA Partners®

Company ID

APPLICATION FOR DISCOUNT MEDICAL PLAN ADMINISTERED BY BEST BENEFITS, INC.

Last Name **SS#** - -

The following must be completed if you are joining UA Partners without purchasing a policy:

First Name M.I. Requested Effective Date (mm/dd/yyyy) - -

Address

City State Zip Code

Home Phone - -

E-mail Address

Join UA Partners!

DISCLOSURE: This is NOT a health insurance policy. The plan provides discounts at certain health care providers of medical services.The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. This plan is administered by Best Benefits, Inc., (a discount medical plan organization) at 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631, 1-800-308-0374.

☐ **UA Partners**

With Provider Network Option

(This program is only available with select Basic Hospital Surgical policies.)

Payroll Deduction Amount

Weekly ($2.99)

Bi-Weekly ($5.98)

Semi-Monthly ($6.48)

Monthly ($12.95)

☐ **UA Partners**

If you are paying by Automatic Payment Plan (bank draft) please complete the Bank Draft Authorization (Form 1080 R05).

Payroll Deduction Amount

Weekly ($1.61)

Bi-Weekly ($3.21)

Semi-Monthly ($3.48)

Monthly ($6.95)

Your company's payroll mode determines the UA Partners payroll deduction frequency.

APPLICANT SIGNATURE REQUIRED

AGREEMENT: I understand that UA Partners is not insurance and that my participation is optional. If I decide I no longer wish to participate in UA Partners, I will notify United American by telephone or in writing.

Applicant's Signature

Administered by Best Benefits, Inc.

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