

UA Partners®

Last Name

SS #

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The following must be completed if UA Partners Stand Alone is selected:

First Name

M.I.

Address

City

State

Zip Code

Home Phone

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E-mail Address

Join UA Partners!

UA Partners is not a health insurance policy. Members will receive discounts on medical services when they go to certain health care providers who are contracted with the plan. Members are solely responsible for payment of all health care services. No portion of any provider's fee will be reimbursed or otherwise paid by the plan.

UA Partners

For UA Life, Supplemental Health or Medicare Supplement Policyholders

- Monthly (\$6.95)
- Quarterly (\$20.85)
- Semi-Annually (\$41.70)
- Annually (\$83.40)

Insurance premium payment mode selected determines UA Partners payment mode.

UA Partners

With Provider Network Option

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

- Monthly (\$12.95)
- Quarterly (\$38.85)
- Semi-Annually (\$77.70)
- Annually (\$155.40)

Insurance premium payment mode selected determines UA Partners payment mode.

UA Partners

STAND ALONE

Please include the required fee along with this completed authorization form. If you are paying by Automatic Payment Plan (bank draft) please complete the Bank Draft Authorization (Form 1080 R05).

- Monthly (\$6.95)
- Quarterly (\$20.85)
- Semi-Annually (\$41.70)
- Annually (\$83.40)

Requested Effective Date (mm/dd/yyyy)

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NO, I do not want UA Partners discount health and services program, but I do want "Automatic" Claims Filing PLUS.

AL: \$3.00 / Month

CT: No Charge

MT: No Charge

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

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