



Gap Training

Get to know the plans that you are selling.

United Business

An Association for Small Business Owners and Employees

Association



Our Purpose

The United Business Association leverages the purchasing power of our nationwide membership to secure discounts and savings not otherwise available on an individual basis.

With group insurance programs, shared business knowledge and opportunities to network, we are Better Together.

Join and become a Connected Community of Members.



OUR PORTFOLIO

UBA Fundamental Plan

Our Basic Membership Package - Only \$10 / mo for the entire family.



Fundamental Plan

\$10 / mo - Family



Our Base Membership Benefit Plan includes:

- Telemedicine
- Free Vitamins
- Prescription Discount Card
- Pet RX Discount Card
- 24-hr Nurse Helpline
- PrePaid Lab Discounts
- Travel Assistance Plan
- HSA Account - HSA Bank
- GymAmerica.com
- MedScript RX (Mail-order)
- LensCrafters Vision Club
- Gateway Medicaid
- Discount Hearing Service
- Roadside Assistance
- Grad Scholarship Program
- HopTheShops.com
- TravelerBonus.com
- TrueCar Buying Service
- Car Rental Discounts
- Theme Park Discounts
- 1800Flowers.com
- HP Computer Equipment
- Office Depot Supplies
- ADP Payroll Processing
- UPS Express Delivery Service
- ChildID Card Service

UBA Fundamental Plan

Telemedicine for UBA Fundamental Plan is CallMD. Telemedicine for all other plans is MeMD.

Highlights from our Membership Plan
(These benefits & services are also in all our other Membership Plans)

Telemedicine

You should talk to your clients about this benefit. If they use it, they will love it. They get the first 3 phone consultations FREE after that it is \$35 per call. Check plan for provider.

FREE Vitamins

This is another big selling point with our membership benefits. They are one-a-day adult multi-vitamins and they are truly free. They can re-order when they run out.

Pet RX Card

Discount card for Pet Medications. They can look up the cost using the online tool.



Prescription Discount Card

See what you will pay upfront before going to the pharmacy using the look-up tool under the Member's Link. Locate the pharmacy with the cheapest price using the tool.

Free Small Business Networking

Your client's can advertise their small business for FREE (we can even help design the ad) in our Networking Site on our website with features in our Member Newsletters.

PrePaid Lab Discounts

Get access to prepaid lab discounts using the link in our Member's Page on our website. Easy to use.

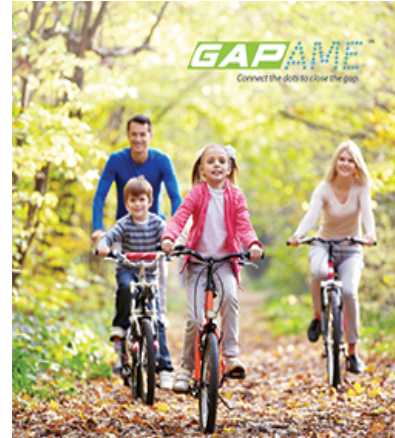
Our Other Membership Plans

Choose a Plan right for your Client



Gap CI Plan

\$20,000 Group CI
1K AD&D in most states
Fundamental Benefits



Gap AME Plan

\$10,000 Group AME
\$1,000 Group AD&D
Fundamental Benefits



Gap Plus Plan

\$6850 Group AME
\$6850 Group CI
\$5000 Group AD&D
\$10,000 Group Term Life
Fundamental Benefits



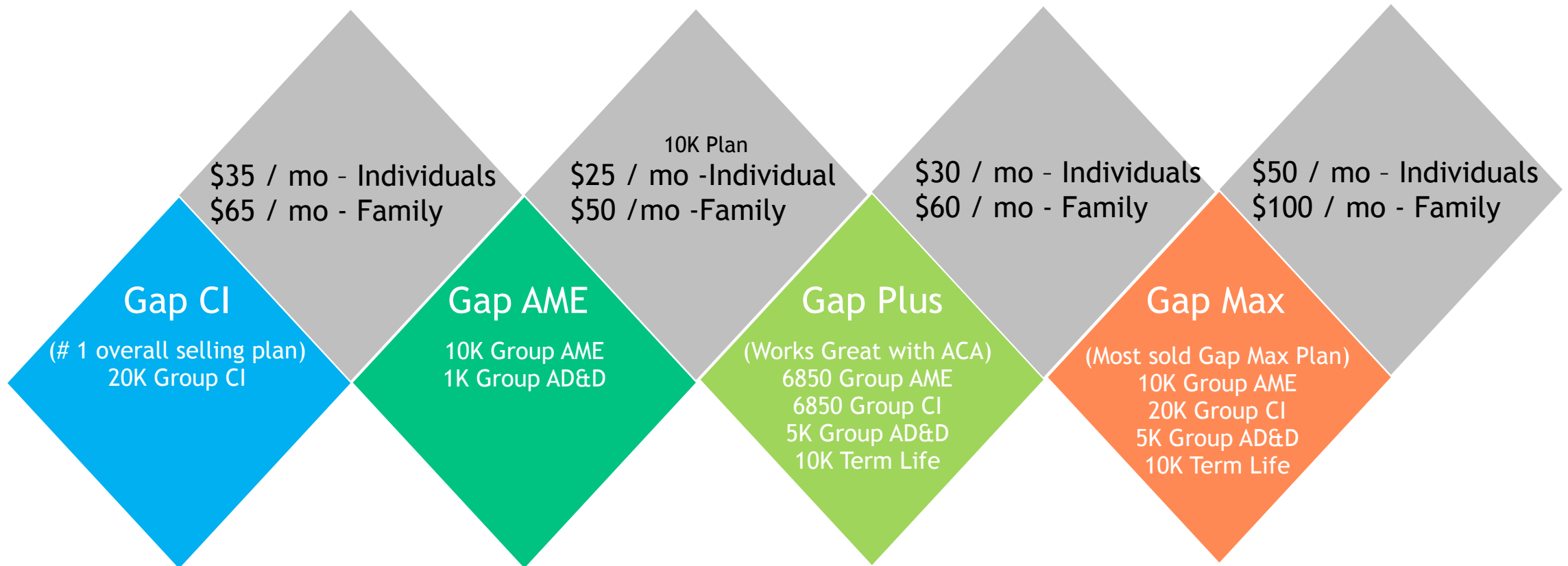
Gap Max Plan

\$10,000 Group AME
\$20,000 Group CI
\$5000 Group AD&D
\$10,000 Group Term Life
Fundamental Benefits



Membership Costs

Below are the Membership Dues associated with each Plan.



Gap CI Plan

Highlights about the Plan



Group CI underwritten by Catlin Insurance Company

Available in: AL, AR, CA, DE, FL, GA, ID, IL, IA, KS, KY, LA, MI, MS, NC, ND, NE, NM, OH, OK, PA, RI, SC, UT, VA, WV, WI and WY.

\$20,000 Group Critical Illness Insurance

\$1,000 Group Accidental Death & Dismemberment Insurance

UBA Fundamental Benefits and Services with MeMD

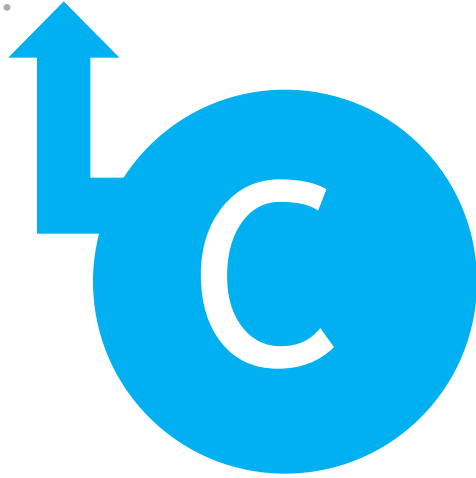
Group CI underwritten by Windsor Life Insurance Company

Available in: AZ, MO and TX

\$20,000 Group Critical Illness Insurance

UBA Fundamental Benefits and Services with MeMD

Available in: AL, AR, CA, DE, FL, GA, ID, IL, IA, KS, KY, LA, MI, MS, NC, ND, NE, NM, OH, OK, PA, RI, SC, UT, VA, WV, WI and WY.

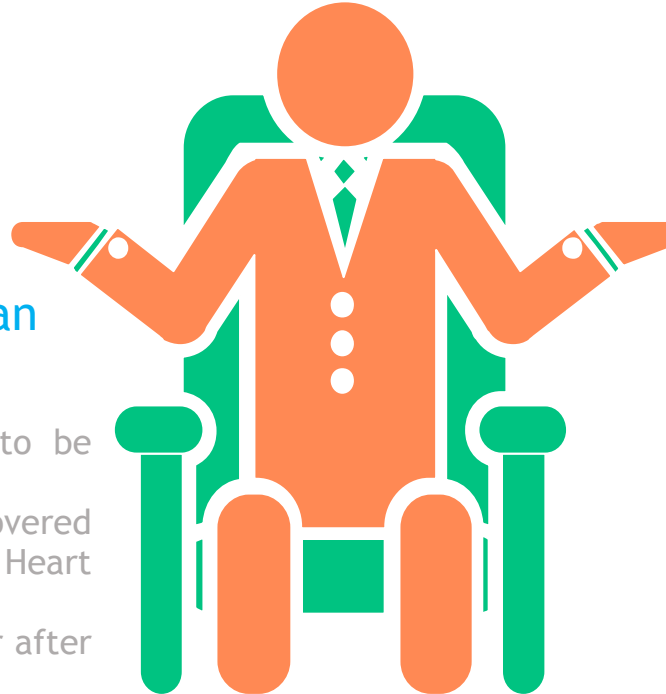


Catlin Underwritten Plan

- Member + Eligible Spouse Only are covered.
- Must purchase the plan before they turn 65 to be covered and also be over the age of 18.
- Covers First Diagnosis ONLY of one of the covered critical illnesses: Life-Threatening Cancer, Heart Attack or Stroke.
- Pays ONLY 10% of benefit amount in the first year after the effective date.
- Benefit ends for the member when the member (or eligible spouse) turns age 70.
- Benefit reduces by half at age 60.
- Once benefit is used, there is no more benefit for

Gap CI Plan

Things You Need to Know



Available in: AZ, MO and TX



Windsor Underwritten Plan

- Member + Eligible Spouse Only are covered.
- Eligible ages are between 18-64.
- Covers First Diagnosis ONLY of one of the covered critical illnesses: Life-Threatening Cancer, Heart Attack or Stroke.
- Pays ONLY 10% of benefit amount in the first year after the effective date.
- **Benefit ends when member turns age 65.**
- Once benefit is used, there is no more benefit for member.

Gap AME Plan

Highlights about the Plan



Group AME & AD&D underwritten by GTL

Available in the following states: AL, AZ, AR, CA, CO, DE, GA, ID, IL, IN, IA, KS, KY, LA, MI, MS, MO, NC, ND, NE, NV, NJ, NM, OH, OK, PA, RI, SC, TN, TX, VA, WV, WI and WY.

10K Group AME / \$1K Group AD&D
UBA Fundamental Benefits and Services with MeMD

Gap AME Plan

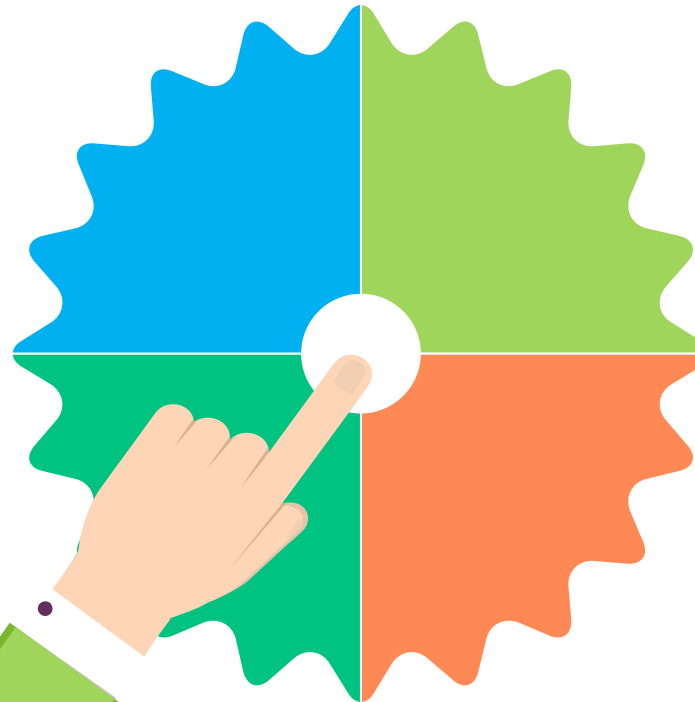
Things You Need to Know

\$100 deductible per accident

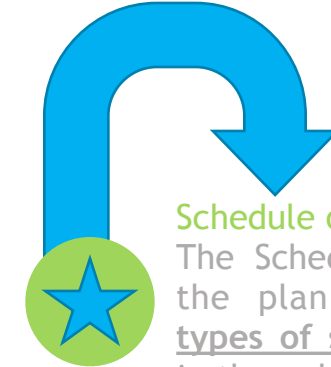
Your client has a \$100 deductible for ANY covered accident. Accidents are one of the leading reasons you might end up seeking medical attention either at the doctor's office or the ER.

Exclusions & Limitations

Make sure to review the policy certificate for the state you are selling. The exclusions and the limitations can vary by state.



Really Important Note!



Schedule of Benefits

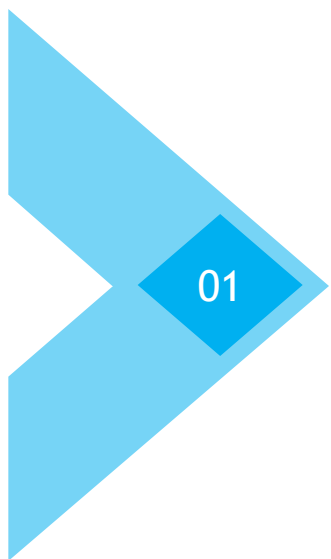
The Schedule of Benefits (how the plan pays for different types of services) are included in the policy certificate for each state. Make sure you review these with your clients.

No Group CI or Group Term Life

This plan only has the Group AME and Group AD&D underwritten by Guarantee Trust Life Insurance Company (GTL) along with the UBA Fundamental Benefits and Services with MeMD.

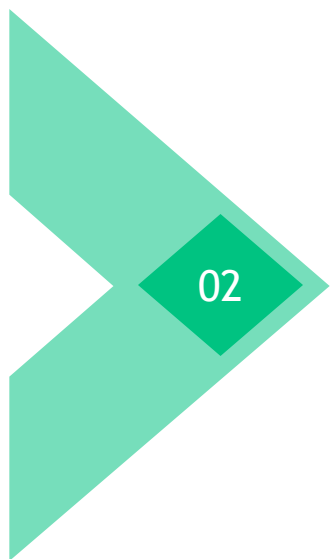
Example of Schedule of Benefits

View Each Policy Certificate for Each State
(This is just a sample of a couple of the scheduled benefits in the policy based on 10K Plan)

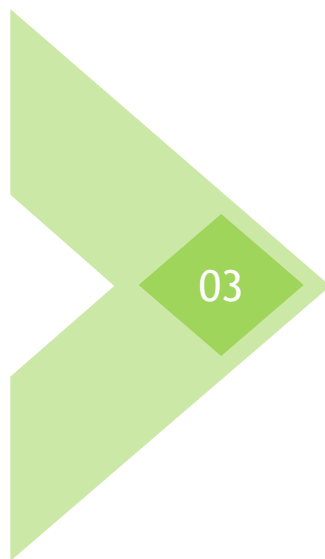


Doctor's Office
Visit \$75 per visit

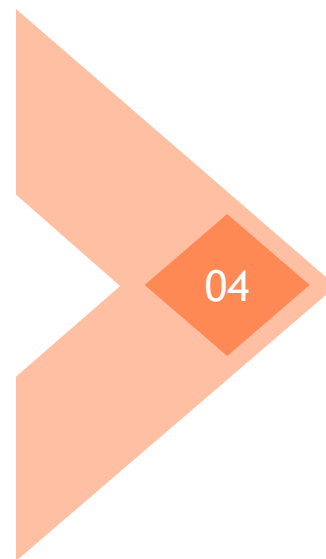
(Inpatient or
outpatient)



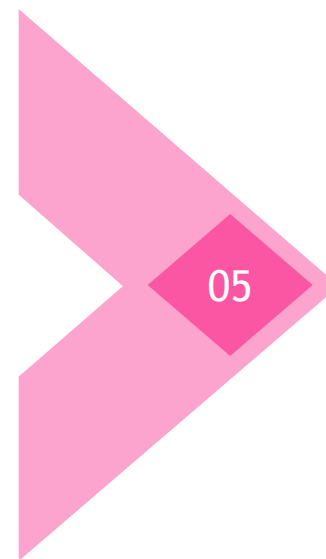
Hospital ER Care
\$500



X-Ray & Lab Services
\$250



Ambulance Expense
\$250



Hospital Room & Board
Up to Policy Limits

Note: View Certificate for full schedule of benefits.

Gap Plus Plan

Highlights about the Plan



Available in: AL, AZ, CA, AR, DE, FL, GA, ID, IL, IA, KS, KY, LA, MI, MS, NC, ND, NE, NM, OH, OK, PA, RI, SC, TX, UT, VA, WV, WI & WY

Group AME, AD&D & CI are underwritten by Catlin Insurance Company

Group AME

\$6850 Group AME Insurance (\$100 deductible / covered accident)

Group CI

\$6850 Group Critical Illness Insurance (only \$660 in first year)

Group AD&D

\$5000 Group AD&D Insurance (per schedule in certificate)

Grp Term Life

\$10,000 per Member and \$5000 per Eligible Spouse

Basic Benefits

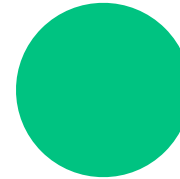
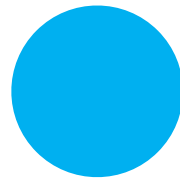
Includes all UBA Fundamental Benefits & Services with MeMD

Gap Plus Plan

Things You Need to Know

Deductible Group AME

\$100 deductible per covered accident. Please review the Group Certificate for the state you are selling for limitations, exclusions, age limits of dependents, etc.

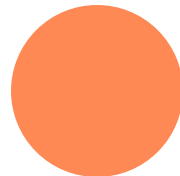


Group CI Insurance (1)

For member and eligible spouse only and ends at age 70. Benefits reduce by ½ at age 60. Must be purchased prior to age 65. First diagnosis only - once used, benefit ends for member.

Claims

Claims are paid by HSR for Catlin and are paid directly to the provider unless members shows proof of payment to provider

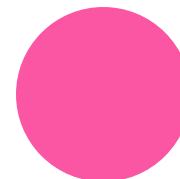
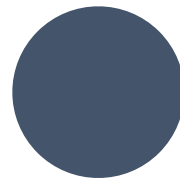


Group CI Insurance (2)

Maximum Benefit of \$6850 is only paid upon first diagnosis AFTER the first year. If they have a first diagnosis within the first year, they get \$685.

Group Term Life

Group Term Life is for member and eligible spouse only and ends at when member or eligible spouse turns 65 and is underwritten by Investors Heritage Life (Puritan Life Ins Co in CA)



Excess Accident Coverage

This is an Excess Accident Medical Expense Coverage which means that other insurance pays first and then our plan pays what the client is truly out-of-pocket for covered accidents.

Gap Max Plan

Highlights about the Plan

Available in the following states: AL, AZ, AR, CA, DE, FL, GA, ID, IL, IA, KS, KY, LA, MI, MS, MO, NC, ND, NE, NM, OH, OK, PA, RI, SC, TX, UT, VA, WV, WI and WY.



20K CI Plan

\$50 / mo - Individual
\$100 / mo - Family

10K Group AME
20K Group CI
5K Group AD&D
10K Term Life
UBA Benefits with MeMD

Gap Max Plan

Things You Need to Know



Group AME Deductible

\$100 per covered accident. Review the Cert. Note this is an excess accident medical expense which means that other insurance pays first. It is not a lump sum benefit.



Group Critical Illness

For all states (Catlin) Max Plan is available in EXCEPT AZ, MO, and TX. Benefit ends at age 70 and benefits reduce by ½ at age 60. For Member and Eligible Spouse only.



Group CI (Windsor)

For AZ, MO and TX, Windsor is the underwriter of the Group CI. Benefit ends at age 65. For Member and Eligible Spouse only.



Group Term Life

Group Term Life is for Member and Eligible Spouse and ends at age 65 & is underwritten by Investors Heritage Life (IHL) (Puritan Life Ins Co in CA).



Claims for AME

Claims for AME are paid from HSR for Catlin for covered accidents directly to the provider unless the member shows proof of payment to provider.



Group CI

Benefits pays full benefit AFTER the first year from effective date. If first diagnosis is within 1st year, they get 10% of benefit amount.



The Application

How to Correctly Fill Out The Application

Things to Know

Important Notes

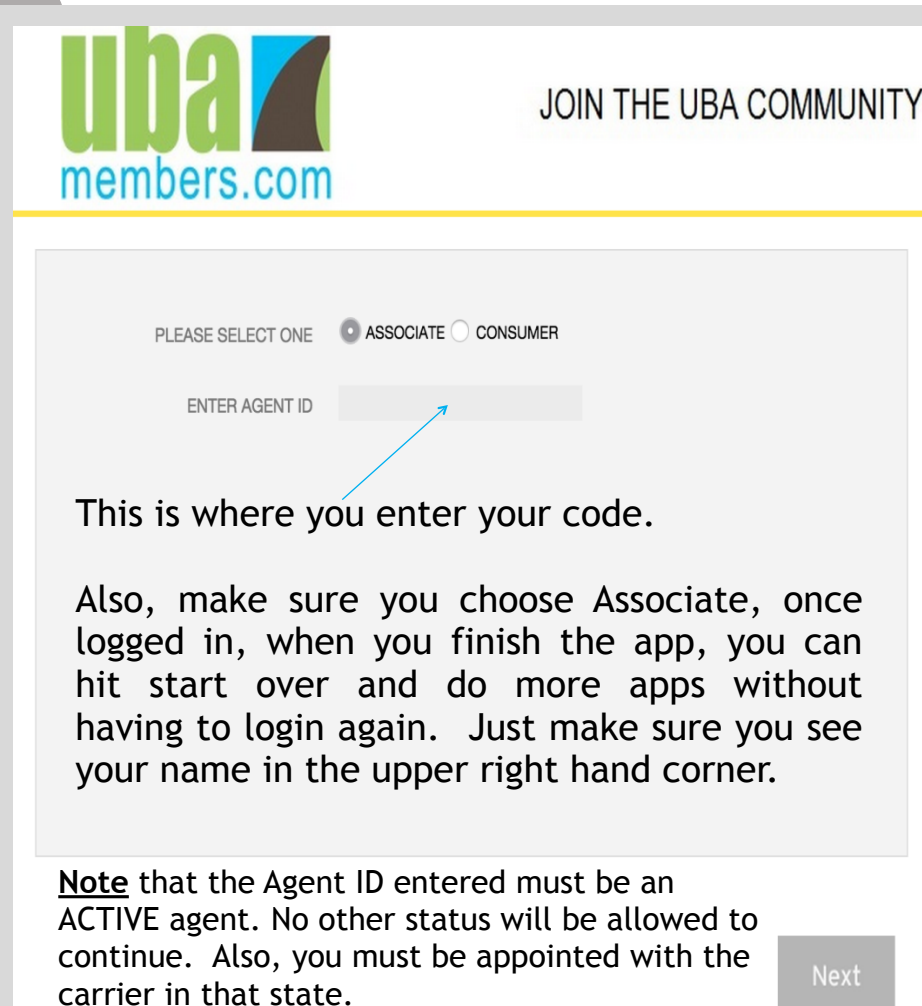
The application for GAP is a simple process.

It is important to know a couple of things regarding the application to better ensure that your applications are getting submitted properly.

On the next couple of pages, review the process of entering and submitting an application.

UNIQUE LINK:

You will receive a unique agent link as well as a unique consumer link (one you can give to clients or put on your site). If you don't have it, please email Molly Powell at molly.powell@healthyamerica.biz for your unique links (after 9/3/15).



The screenshot shows the 'uba members.com' logo in the top left and 'JOIN THE UBA COMMUNITY' in the top right. Below the logo is a yellow horizontal line. Underneath, there is a section titled 'PLEASE SELECT ONE' with two radio buttons: 'ASSOCIATE' (which is selected) and 'CONSUMER'. Below this is a text input field labeled 'ENTER AGENT ID'. A blue arrow points to this field with the text 'This is where you enter your code.' Below the input field, there is a paragraph of text: 'Also, make sure you choose Associate, once logged in, when you finish the app, you can hit start over and do more apps without having to login again. Just make sure you see your name in the upper right hand corner.' At the bottom of the form, there is a 'Next' button.

uba members.com

JOIN THE UBA COMMUNITY

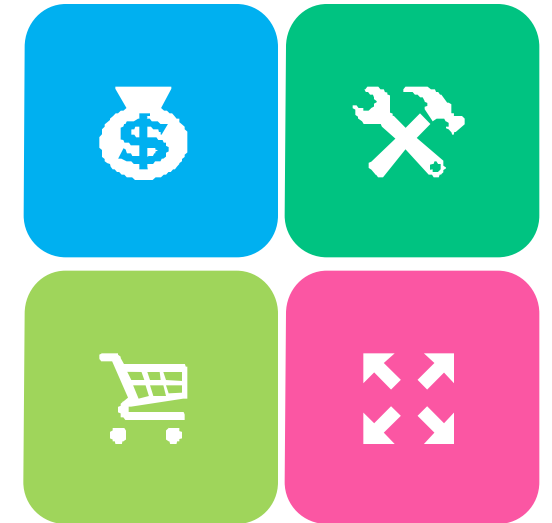
PLEASE SELECT ONE ☒ ASSOCIATE ☐ CONSUMER

ENTER AGENT ID

This is where you enter your code.

Also, make sure you choose Associate, once logged in, when you finish the app, you can hit start over and do more apps without having to login again. Just make sure you see your name in the upper right hand corner.

Next



The Application

More Important Information to Know



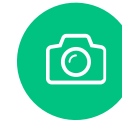
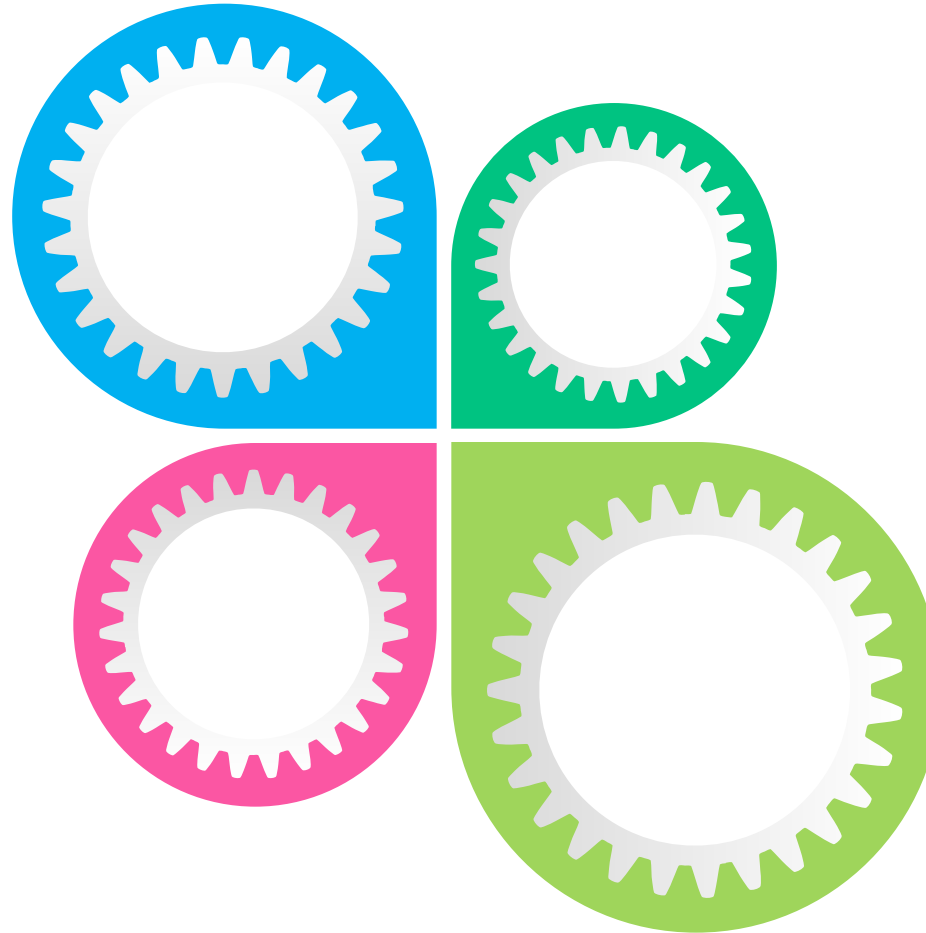
Billing Section

The ENTIRE billing section must be completely filled out including **billing phone number**. Also, the Routing # must be 9 digits and the credit card # must be 16 digits. If they aren't, it will not let you go to the next page of the application.



Socials

NEVER make up a social. If your client doesn't want to provide one, then you must call PRIOR to entering the application to let us assign them a number. DO NOT MAKE UP A NUMBER.



Email Addresses

ALWAYS use the client's email address. THIS IS HOW THEY GET THEIR MEMBER GUIDE. It is also how they get the survey and verification link.



Typos

Make sure to limit the amount of typos as much as possible. We need to make sure we have the correct information in our system: DOB, mailing address, etc.

Select a state



ENTER ZIP CODE

CITY

STATE

Back Next

Note You should see your CODE and name here! If you don't, the app is not under you.

Enter a Zip Code

When you enter the zip, it will AUTO POPULATE the city and state. This will cut down on any errors of selecting wrong state or misspelling city names.

UBA Membership Application

1st Page

Select Your Plan



GAP AME Plan



☐ 10K (\$25 INDIVIDUAL / \$50 FAMILY)

GAP CI Plan



☐ 20K (\$35 INDIVIDUAL / \$70 FAMILY)

GAP Plus Plan



☐ 6550 PLAN (\$30 INDIVIDUAL / \$60 FAMILY)

GAP Max Plan



Note: You will only see the plans that you have appointments (Catlin and/or GTL). If you are not appointed with a one of the carriers, it won't show you the plans for that state.

Choose the Plan

You can only choose ONE plan. They cannot have multiple plans. For example they can't have a Gap AME and a Gap CI Plan. They can only choose ONE plan.

UBA Membership Application

2nd Page

Enter Consumer Data



Personal Info

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

* SOCIAL SECURITY NUMBER

* GENDER ☐ M ☐ F

* DATE OF BIRTH

Contact Info

* EMAIL ADDRESS

* DAYTIME PHONE NUMBER (10 digits only. No dashes)

ALTERNATE PHONE NUMBER (10 digits only. No dashes)

Physical Address

* ADDRESS 1

ADDRESS 2

* CITY FORT WORTH

* STATE TX

* ZIP CODE 76126

Beneficiary

* NAME

* RELATIONSHIP

* SOCIAL SECURITY NO

* ADDRESS

* CITY

* STATE

* ZIP CODE

If there is a red * next to the field, it is required and you won't be able to continue to the next page unless EVERY red * field is filled in correctly.

Once you select the zip code at the beginning, it won't let you change the city zip or state here. This is hard coded after the first selection.

UBA Membership Application

3rd Page

1 2 3 4 5 6

All eligible members must be listed at the time of membership. If membership is only for an individual and there are no dependents, click here to [skip this step](#).

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	SOC. SEC. #
Spouse			<div>▼</div> <div>▼</div> <div>▼</div>	<input type="radio"/> M <input type="radio"/> F	

Enter spouse beneficiary here.

ZIP CODE

If you have more than 7 children, please call 866-438-4274.

[illegible]

Select This if you don't have any dependents on the application. This will automatically take you to the next page.

If spouse is entered here, you must have beneficiary information for the spouse.

- This is where you enter dependent children. We only have room for 7 kids. If you have more, you need to enter all that you have and then call in to add the rest.

Need ALL information listed here - SS#, DOB, Sex, Name - really important if you have a dependent. – The Insurance Carriers for Accident, CI and Term Life require this information.

UBA Membership Application

4th Page

Enter Billing information



Enter Payment Information

PAYMENT OPTIONS

CARD TYPE

CARD NUMBER

EXPIRATION DATE

CVV #

Enter Billing Information

☐ Billing information is the same as Consumer Data

ACCOUNT HOLDER'S NAME

BILLING STREET ADDRESS

BILLING CITY

BILLING STATE

BILLING ZIP

BILLING PHONE NUMBER (10 digits only. No dashes)

TOTAL PAYMENT IS \$35.00

Select Credit Card or Electronic Funds (Bank Draft)

If credit card, you choose either VISA or MasterCard. Make sure the card number is 16 digits. It won't let you continue with the application if this isn't correct or if anything is missing in this section.

VERY IMPORTANT: ONLY check this if the billing is the same as the member information. If the Billing Account Holder Name, address, etc is DIFFERENT, then you must enter that information here.

UBA Membership Application

5th Page

Enter Billing information



Enter Payment Information

PAYMENT OPTIONS **ELECTRONIC FUNDS TRANSFER**

ACCOUNT TYPE

ROUTING #

ACCOUNT #

Enter Billing Information

☐ * Billing information is the same as Consumer Data

ACCOUNT HOLDER'S NAME

BILLING STREET ADDRESS

BILLING CITY

BILLING STATE

BILLING ZIP

BILLING PHONE NUMBER (10 digits only. No dashes)

TOTAL PAYMENT IS \$35.00

Select Credit Card or Electronic Funds (Bank Draft)

If credit card, you choose either VISA or MasterCard.

For routing #, make sure you have 9 digits. It won't let you continue with the next page of the app unless that is correct.

VERY IMPORTANT: ONLY check this if the billing is the same as the member information. If the Billing Account Holder Name, address, etc is DIFFERENT, then you must enter that information here.

UBA Membership Application

6th Page

Confirm Information



Information

All cancellations must be in writing. To cancel, fax cancellation request to 817-335-1270.

PERSONAL INFORMATION

TEST M TESTING
409 W VICKERY BLVD
FORT WORTH, TX 76126

SSN: ***-**-8787
DOB: 10/25/1972
Phone #: 8173323068
Alternate #:
Email: MOLLY.POWELL@HEALTHYAMERICA.BIZ
Gender: FEMALE

DEPENDENTS

No Dependents

PLAN NAME

GAP CI PLAN 20K

PRICE/MONTH (USD)

\$35.00

PAYMENT METHOD: CREDIT CARD AUTHORIZATION

Acct #: XXXX-XXXX-XXXX-1111
Card Type: VISA
Expiration: 06/2017

BILLING INFORMATION

TEST M TESTING
409 W VICKERY BLVD
FORT WORTH, TX 76126

Rate: MONTHLY
Authorized until the subscription ends.

GAP Disclaimer

* This is not a major medical health plan. Please review your membership guide for full benefit descriptions, limitations, state availability, age limits and definitions. The charges on either your credit card statement or bank statement will show H A and our phone number (H A Partners, Inc.)

☐ By checking this box, I agree to the terms and conditions of the plans that I have selected. Also, I understand that by selecting these membership plan(s), I will be enrolled in the United Business Association. If you have any questions before placing your order, please call 1-888-438-4274.

You should see all the correct data here.

You also need to make sure that you have read this disclaimer to your customer when doing the app and then check here.

UBA Membership Application

7th Page

PART 2 of Place Order Page:

GAP Disclaimer

* This is not a major medical health plan. Please review your membership guide for full benefit descriptions, limitations, state availability, age limits and definitions. The charges on either your credit card statement or bank statement will show H A and our phone number (H A Partners, Inc.)

☐ By checking this box, I agree to the terms and conditions of the plans that I have selected. Also, I understand that by selecting these membership plan(s), I will be enrolled in the United Business Association. If you have any questions before placing your order, please call 1-866-438-4274.

Small Business

Are you an owner or an employee of a small business? ☐ YES ☐ NO

Digital Signature

Please type First Name, Middle Initial, Last Name

PRIMARY MEMBER NAME

RE-TYPE PRIMARY MEMBER NAME

Select Consumer's Verification Method

☐ EMAIL CONSUMER MOLLY.POWELL@HEALTHYAMERICA.E

☐ SEND TEXT TO CONSUMER

SELECT MOBILE CARRIER

☐ UPLOAD VOICE VERIFICATION

File size is limited to 3 MB

This question must be answered.

This digital signature must match EXACTLY with what you entered on the app or it won't let you hit submit. First Name, Middle Initial and Last Name.

These are the new Verification Options:
You must choose one of the 3 options.

This is what you select to send your client a verification link by email. If you made an error earlier, you can fix it here. DO NOT PUT YOUR EMAIL HERE.

This is where you select to send a text verification to your client. DO NOT PUT YOUR TEXT NUMBER HERE - Only the client's.

This is where you upload the voice verification file at time of sale.

Back

SUBMIT

Hit to Place Order

UBA Membership Application

7th Page

Confirmation Document



YOUR ORDER HAS BEEN PLACED!

Welcome to UBA!

You should receive an e-receipt that includes a verification link along with a pdf of your UBA Membership Guide. Within 14 business days, you should receive a membership ID Card in the mail. Should you have any questions, please feel free to call us at 866-438-4274. All cancellations must be in writing. To cancel, fax cancellation request to 817-335-1270.

PERSONAL INFORMATION

TEST M TESTING
409 W VICKERY BLVD FORT WORTH, TX 76126

SSN: ***-**-8787
DOB: 10/26/1972
Phone #: 8173323088
Alternate #:
Email: MOLLY.POWELL@HEALTHYAMERICA.BIZ
Gender: F

DEPENDENTS

HUSBAND TESTING ()

PLAN NAME

GAP CI Plan 20K

PRICE/MONTH (USD)

\$35.00

PAYMENT METHOD: CREDIT CARD AUTHORIZATION

Acct #: XXXX-XXXX-XXXX-1111
Card Type: VISA
Expiration: 06/2017

BILLING INFORMATION

TEST M TESTING
409 W VICKERY BLVD
FORT WORTH, TX 76126

Rate: MONTHLY
Authorized until the subscription ends.

Start Over

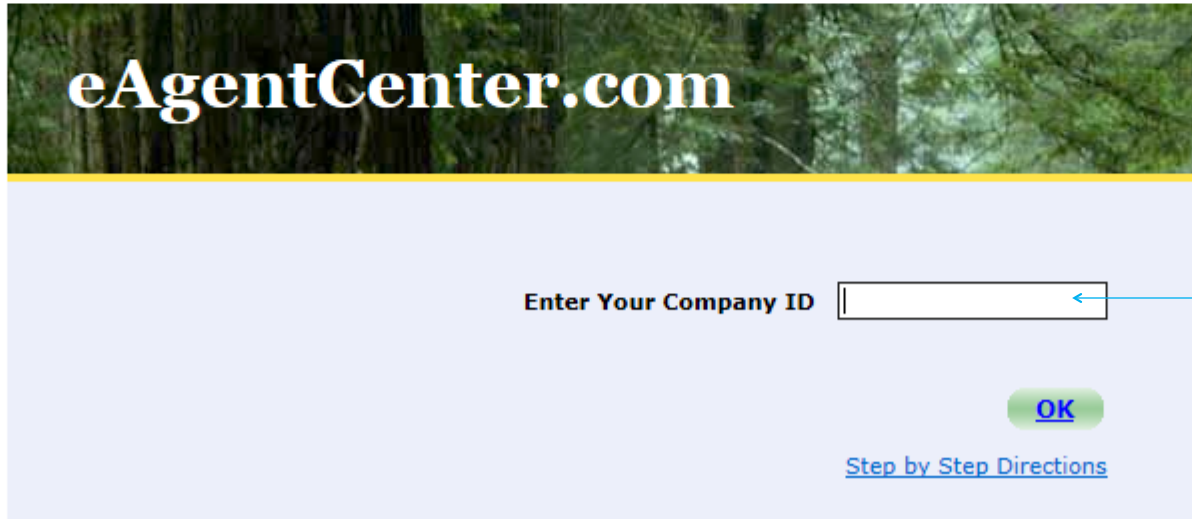
You should STILL see your name and code here, if you don't, you know that the app didn't go in under you. Please make sure you look at this on every page.

If you have more than one app to enter, hit Start Over. On the old app, it would wipe out your name and number but this NEW APP should allow you to enter multiple apps once you logged in once without wiping the code by hitting Start Over. Make sure after you hit Start Over that you STILL SEE YOUR NAME AND CODE.

UBA Membership Application

8th Page

After You Enter the App, Login to www.eagentcenter.com



The image shows the login page for eAgentCenter.com. At the top, the website name "eAgentCenter.com" is displayed in a large, bold, white font against a background of green trees. Below this, the text "Enter Your Company ID" is followed by a text input field. A blue arrow points from the text "healthyamerica" to the input field. Below the input field is a green button with the text "OK" in blue. At the bottom, there is a blue link that says "Step by Step Directions".

healthyamerica

Do not put a space between healthy and america

This web site contains unpublished, confidential and proprietary information of APL, Inc. and is protected by copyright, trade secret and trademark law. Access and use is restricted to authorized users for business only. Information is subject to change without notice. © Copyright 2001 APL, Inc. All Rights Reserved.

User ID = Your Associate Code

Password = last 6 digits of social or Tax ID #

You can change it once you are in there for the first time.



The image shows the login page for eAgentCenter.com. At the top, the website name "eAgentCenter.com" is displayed in a large, bold, white font against a background of green trees. Below this, the text "User ID" is followed by a text input field. A blue arrow points from the text "User ID = Your Associate Code" to the input field. Below the input field is a green button with the text "Log in" in blue. At the bottom, there are three blue links: "Step by Step Directions", "New Agent Registration", and "Help".

Choose Online Apps to view your book of business (apps submitted after 9/3/15)

Profiles						
Statements						
Chargebacks						
Misc. Charges						
Online Apps						
Form Center						

Verified <input type="button" value="v"/>	Search <input type="text"/>	<input type="button" value="Go"/>	<input type="button" value="Query"/>	<input type="button" value="Export"/>		
<u>Policy No</u>	<u>App Date</u> ▼	<u>First Name</u>	<u>Last Name</u>	<u>Social Security No</u>	<u>Agent ID</u>	
11111111 77167	08/26/2015	NEWTEST	TESTUSER	111111111	HAPI	
22222222 77168	08/26/2015	TEST2	CONDOCTEST	222222222	AA5805	
999778787 77169	08/26/2015	TEST	TESTING	999778787	AX3365	

Left Half of Screen

This is the app we entered for our sample. For your apps, this will show you all the apps that you have submitted. Select the policy number to see more information about that client or to resend verification link, upload a voice verification or resend a text verification. You won't be able to edit any of the information EXCEPT the email address, or text number or upload the verification.



<u>Agent Name</u>	<u>Product</u>	<u>State</u>	<u>Verified</u>	<u>Verification Date</u>	<u>Verify Method</u>	<u>Verify Sent To</u>
H A PARTNERS, INC	Gap CI 20K (0915) Ind -853 IN/CAT	LA	No		Text	4693236403@txt.att.net
ADAM AWANY	UBA Fundamental -669	TX	No		Text	4693236403@txt.att.net
AXS HEALTH INSURANCE AGENCY, LLC	Gap CI 20K (0915) Ind -853 IN/WIN	TX	No		Email	molly.powell@healthyamerica.biz

This is where you can see if the client has verified or not. It will say No or Yes here.

This will tell you the method of verification.

This is where it will tell you where the verification link was sent to. If it was an upload, it will have Voice Verification.

If it says YES under verified, it will have a date here as to when it was verified. Note that if the voice verification recording is not correct or not sufficient, we will remove the Verification date and change verified status to No. Make sure that you are using the correct verification script to avoid these issues.

Policy Detail **Policyholder**

☐ Verified

Click here to resend email or text verification [Send/Resend Verification](#)

Verification Date:

Verify Method: ☐ Text ☐ Email ☐ Voice Verification No file chosen

Policy Detail

* **Writing Agent:** AA5805 ▼ ADAM AWANY

* **Policy Number:** 111223333_72511

Application Date: 08/13/2015 ▼

* **New Business:** 07/31/2015 ▼

Effective Date: 09/01/2015 ▼

* **Product:** Gap Plus 6850 Ind -855 IN/CC ▼

Premium:

This will be checked here once it is verified. You won't be able to uncheck or check this box.

This box will automatically fill out the date in which the member Verified. You will also not be able to change this field.

If you sent a text verification originally, the number will be here. If you need to resend it, or correct the number you can change the number here.

If you sent an email verification originally, the email address will be here. If you need to resend it, or correct the email address (say you had a typo) you can correct the email address here.

If you didn't have the recording at time of application and selected another method but you do have a voice recording verification, you can upload it here.

Note: If we determine that you are using an email address or text number that DOES NOT BELONG to the client to try and verify for the member, *it could result in automatic termination.*

It is imperative that ONLY the Member completes the verification.



Order Details

Personal Information

TEST TESTER

409 W VICKERY BLVD

FORT WORTH, TX 76104

SSN: XXX-XX-1111

DOB: 1972-10-25

Phone #: 8173323068

Alternate #: 8173323068

Email: MOLLY.POWELL@HEALTHYAMERICA.BIZ

Gender: FEMALE

Service Name GAP Plus Plan CAT (with 5K CI)

Price/Month (USD) \$50.00

Welcome to the United Business Association (UBA). You have just joined our Connected Community of Members in benefits and savings for the small business owner or employee.

Thank you for purchasing the GAP Plus Plan™ exclusively for members of the United Business Association but you're not done yet.

Please click here to verify your order.

You will be receiving your membership ID card in the next 14 days. Here is a look at some of the benefits* that you will enjoy with the GAP Plus Plan™:

- ☑ \$5,000 Critical Illness Benefit
- ☑ \$5,000 Accident Medical Expenses Benefit *
- ☑ \$5,000 Term Life
- ☑ CallMD™
- ☑ Free Vitamins
- ☑ and much more

You can view more detailed descriptions of the benefits by going to www.ubamembers.com. Your membership guide will also have details on how to access your benefits. Please make

sure to download and print / save a copy from this e-receipt.

Please note that your credit card or bank account will be drafted for 50 from HA Partners, Inc. It should show GAP 866-438-4274 on your statement. If you have any questions, please contact us at 866-438-4274 or by email: info@gapplusplan.com.

(Note: If you selected an add-on plan such as the UBA RX Savings Card Plan or the Careington Dental Discount Plan, you will be billed separately for those plans and will receive a separate e-receipt.)

The United Business Association promotes networking among its membership of small business employers and employees. You can take advantage of your membership and advertise your business for free along with viewing other Membership Business Articles and Communication regarding small business.

Check out our UBA website, www.ubamembers.com for all your membership needs including online order forms, claim forms, free advertising, bank draft or credit card change forms, etc.

Download Your Benefits

*Please review the membership guide for full benefit and service details, definitions, age limits, state availability and limitations. By selecting this UBA plan, you are enrolling in the United Business Association. This is not an individual major medical health plan.



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409 W Vickery Blvd, Fort Worth TX 76104 | 866-438-4274 | www.ubamembers.com

Follow us

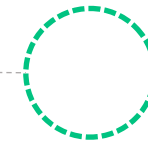
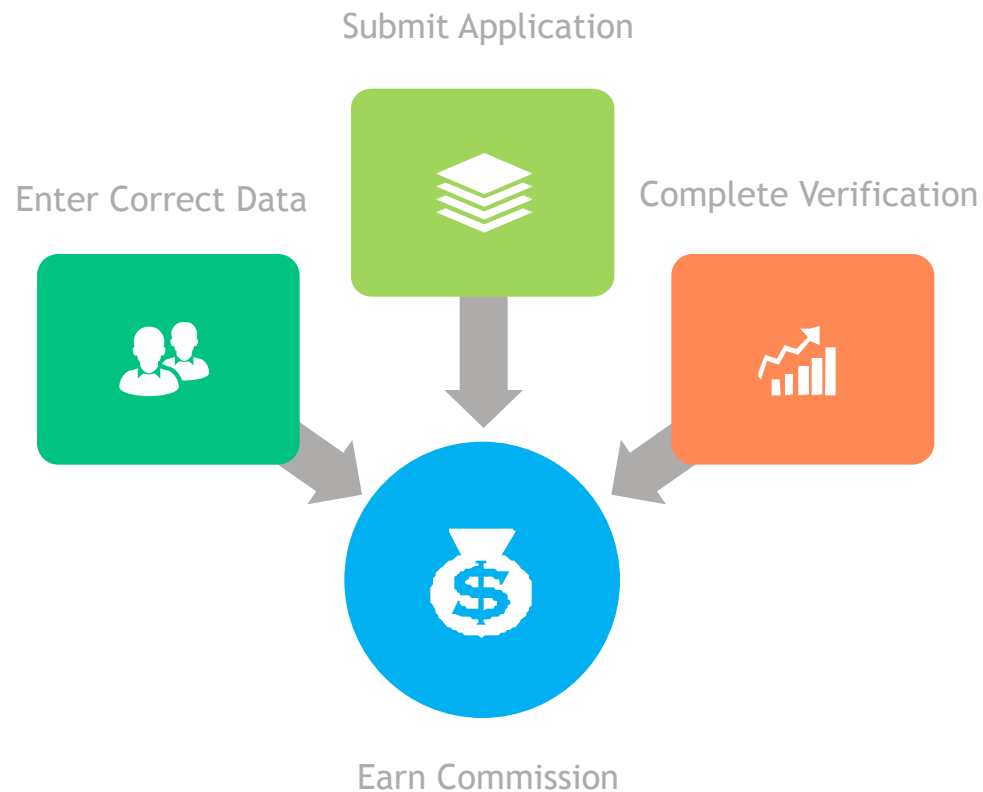


PDF of Member Guide
Sample Member E-Receipt

Verification Link:
Must Click to process app.

The Application

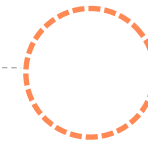
More Things You Should Know



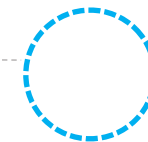
DO NOT VERIFY FOR THE CLIENT EVER! With three forms of verification, you should be able to find ONE that will fit your client's needs. Your client must choose one.



If no verification is completed, the application will be cancelled out for the week and must be re-entered for the following week. We must receive verification FROM CLIENT by the Thursday before we draft at noon.



New Business Week: Business is submitted Thursday - Wednesday at midnight. Clients will be drafted that Friday and then we will pay the following week.



Codes on your Statement: To find out why you didn't get paid, look after the policy # of client and see if it has one of these codes:

CW = Client Withdrew application

CV = Cancelled due to Verification not received on time

CF = Client's Initial Funds were not collected

CB = Client Billing Account was invalid

Important Process Information

- All verifications must be complete by Thursday by noon in order to process payments.
- All Declined Credit Cards or Bank Accounts that we notified you by email need to be corrected by Tuesday morning (before we start working on new business statements) following the draft attempt from the previous Friday.
- Invalid credit cards and billing need to be corrected by Thursdays in order to draft on Friday.
- You will no longer receive notification if someone does not verify. It is your responsibility to check eagentcenter.com “eApps” to see if your client has verified on time or not.



Member Guide & ID Card

What the Client Receives after purchase.

Sample Member Guide Below

1 UBA Gap CI Plan

Dear New Member,

Welcome to the United Business Association (UBA) Gap CI Plan! Through your membership in UBA, you will enjoy Group Critical Illness Insurance, Group Accidental Death & Dismemberment Insurance, PrePaid Lab Discounts, CallMD, and discounts on numerous services. All of your benefits are explained in detail in this guide.

While we believe you will be pleased with your overall association membership, we cannot, however, warrant or guarantee the performance of any discount or service.

For a printable reference sheet of all benefit phone numbers and access codes, go to www.gapplusplan.com/gapciatreferencesheet.pdf. If you have general membership questions, call UBA Member Services at 1-800-992-8044 or go to www.egroupmanager.com. For billing questions, call 1-866-438-4274. Again, a most cordial welcome to UBA.

UBA Member Services

CI 20-Cat
2-15

Table of Contents

Group Critical Illness Insurance (Catlin)	2-3	Gateway Medicard	11
Group Critical Illness Insurance (Windsor)	3	Free Vitamins	12
Group Accidental Death & Dismemberment Insurance	4	24-Hour Emergency Roadside Assistance	12
CallMD	4	Graduate College Scholarship Program	12
PrePaid Lab Discounts	5	UBA Pet Prescription Plan	13
Health Savings Account with HSA Bank*	5	HopTheShops.com	14
CallMD	5	True Car Buying Network	14
UBA Prescription Discount Program	6	TravelerBonus.com	15
Travel Assistance Plan	7-8	Child ID Card Services	15
24-Hour Nurse Helpline	9	Car Rental Discounts	15
GymAmerica.com	9	Discounts at National Theme Parks	16
LensCrafters Vision Club	10	1800Flowers	16
MedScript Discount Prescription Drugs	11	Hewlett-Packard Computer & Digital Equipment	17
Discount Hearing Service	11	ADP Payroll Processing	17
		Office Depot Office Supplies & Furniture	18
		UPS Express Delivery Services	18

FOLLOW US

www.ubamembers.com

 @GapPlusPlan

 www.facebook.com/gapplusplan

 www.linkedin.com/company/gapplusplan

 www.gapplusplanblog.com

 <https://plus.google.com/104796359240855964996>



Sample ID Card Below

UBA

This United Business Association Membership ID Card is attached below.

Please keep a copy in your wallet for quick and easy access to some of the most used membership benefits and services in your plan.

You can also access a full list of membership benefits and service numbers by viewing the link to the reference sheet listed in your membership benefit guide.

There are other benefits and services like FREE Business Advertising on our website you can access as a member.

Also, don't forget to order your FREE Vitamins! It is quick and simple and can be ordered at any time online:

<http://www.gapplusplan.com/ubavitaminorderform.html>



Please Detach Membership Card Below

uba
members.com

Membership Services:
1.800.992.8044

Billing Questions:
1.866.438.4274

MEMBER ID CARD

  First Health.

ubamembers.com | egroupmanager.com

FRONT

To request an updated Member Benefit Guide:
<http://www.gapplusplan.com/ubarequestnewguide.html>

Other important Member information, forms, Group Certificates and more can be found at:

www.ubamembers.com
(Use the Members Link)

MeMD

To Access MeMD online portal:
<http://www.memd.me/group/uba>

Card for Members with corresponding plans in the following states:

AL, AR, CA, DE, FL, GA, ID, IA, IL, KS, KY, LA, MI, MS, NC, NE, NM, ND, OH, OK, PA, RI, SC, UT, VA, WV, WI and WY.

Gap Plus Plan (6850)
Gap Max Plan (20/10/10)

CAT.v.090115

Group Accident Claims (Catlin)	1.866.532.3452
Group Critical Illness Claims (Catlin)	1.866.523.3452
Group Term Life Claims**	1.800.422.2011
MeMD	1.855.636.3669
Free Vitamins	1.866.438.4274
24-Hr Emergency Roadside Assistance*	1.866.215.1376
24-Hr Nurse Helpline	1.800.982.2401

* Registration Number - You must register prior to using.
** Not available in every state.

UBA

CAT.v.090115

BACK

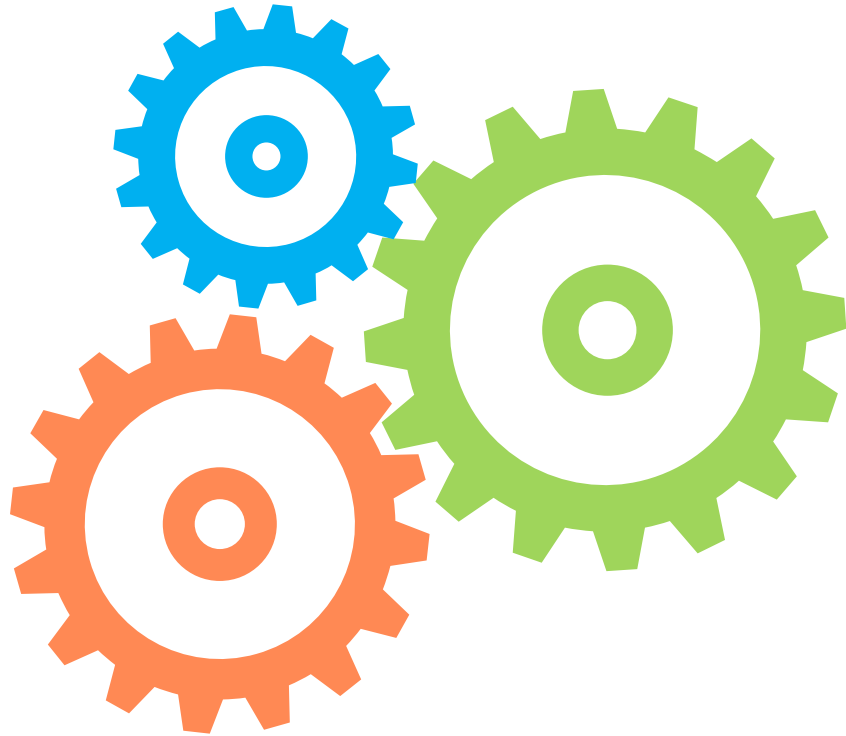


The Websites

This is the site you use to view statements
Company ID = healthyamerica
User ID = your associate code
Pass = last 6 digits of social

Our Websites

What You Need to Know



01

Effective Date Schedule

You will find the Effective Date Schedule so you know when you enter an app what effective date they will get.

02

Group Certificates for the Group AME, AD&D, CI & Term Life

All the state specific group certificates are located on the Members Page of the website to review or give your clients.

03

Benefit Tutor

This is a helpful tool for clients to explain how their benefits work. You might also find it very helpful to review. (On Members page.)



www.ubamembers.com

Client / Member Site
(Also includes plan details, forms,
online app and other helpful
tools)



www.buildyourgapplan.com

Agent Worksite
(Also includes other helpful tools
for agents including marketing
tools)



Contact Information

Contact Information

Know who to ask!



Janet Thompkins - New Business

If you have questions about statements, business processed, billing issues, verifications or any thing regarding new business contact Janet: janet.thompkins@healthyamerica.biz 1-800-964-8331 ext 207



Customer Service for GAP

Other questions regarding clients with GAP including verifications, billing, etc., contact Rachell Johnston at rachell.johnston@healthyamerica.biz or call 1-800-964-8331 ext 210

Molly Powell



Molly Powell - VP Marketing

If you need your link, have questions about the plan, application or marketing, please contact Molly Powell: molly.powell@healthyamerica.biz 1-800-964-8331 ext 201

Janet Thompkins

Licensing



Licensing Department

If you are adding a state or need to check on your appointment, contact our licensing department at: licensing@healthyamerica.biz.

Customer Service

NOTE: Please be patient with us regarding appointments. Catlin does take a while to get appointments processed and we will notify you when it is complete.



Thanks For Coming

