



VALULIFE+ SERIES ENROLLMENT FLOW



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USA+ is exclusively available through AHCP.
USA+ VALULIFESERIES AGENT TRAINING (2025)
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AGENT CENTER

Log In

Click here if you are interested in getting contracted to market USA+ plans

AgentID

Password

Log In



AHCPsales.com
877-228-8773



AGENT CENTER



E-Sign History

Product Materials

Products By State

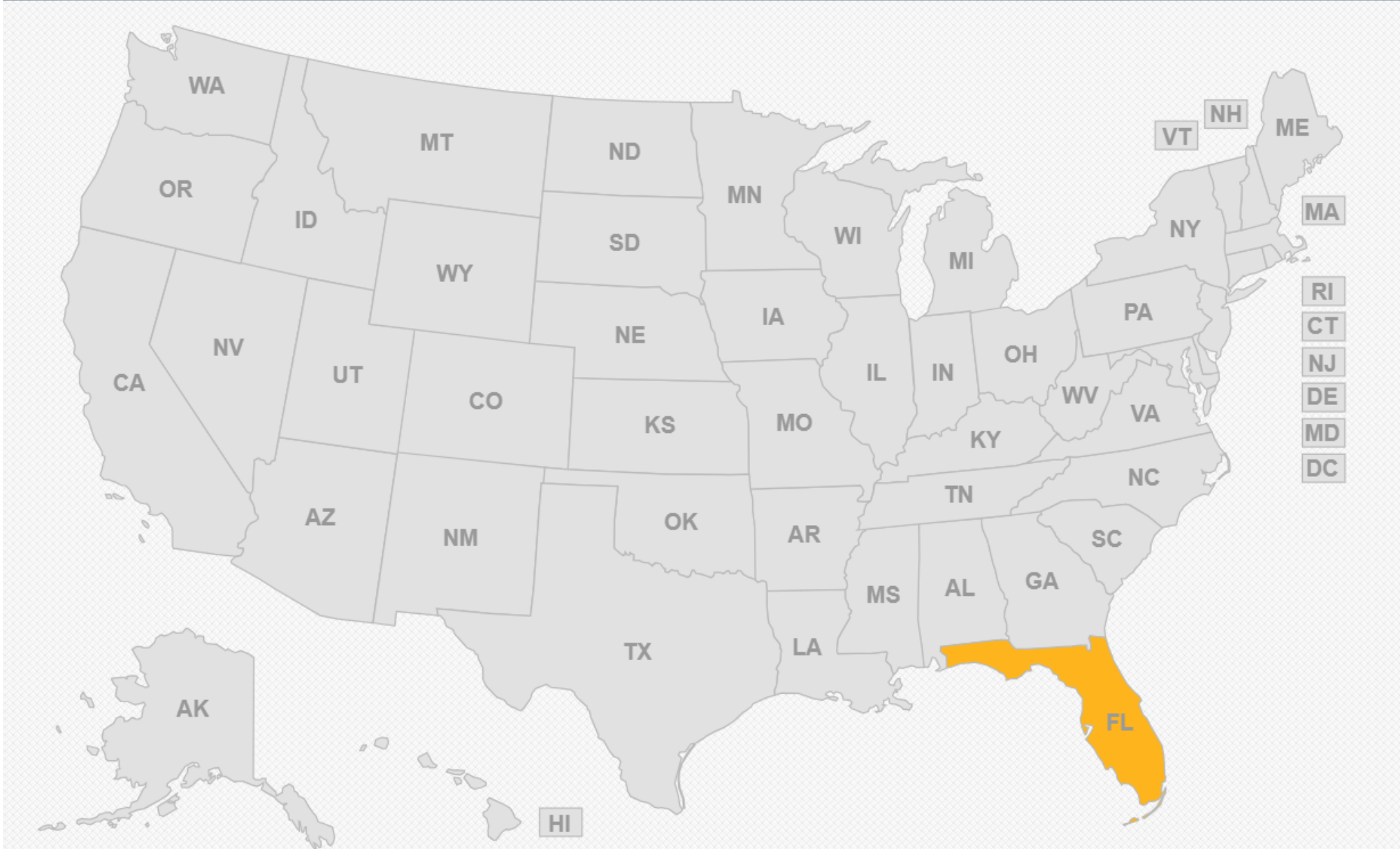
Enroll

E-Sign Enrollments ?

E-Sign Enrollment History

Enable Hide

	Name	Link Sent (CST)	Status	
? E	[REDACTED]	Nov 5 2024 9:28AM	Link Expired	H
? E	Mister2 AugustSecond	Aug 2 2024 4:50PM	Completed	H
? E	Mister AugustSecond	Aug 2 2024 4:48PM	Completed	H
? E	Mister ThirtyFirst	Jul 31 2024 10:52AM	Completed	H
? E	Mister TwentyNinth	Jul 29 2024 8:32AM	Completed	H
? E	UW Required TwentyThird	Jul 23 2024 1:04PM	Completed	H
? E	Mister TwentyThird	Jul 23 2024 12:55PM	Completed	H
? E	Mister Nineteenth	Jul 19 2024 8:21AM	Completed	H





LIFE INSURANCE PLANS

Florida – Explore your Plans

Life Insurance

USA+ ValULife+ Series

USA+ ValULife+ Series \$50K

USA+ ValULife+ Series \$75K

USA+ ValULife+ Series \$100K

USA+ ValULife+ Series \$250K

Scroll down



Highlights of the program features are listed below. Click, the "Details" button for additional information on the benefits, including exclusions and limitations. [Click here](#) to download the pdf brochure.

Benefits

\$50,000 Term Life Insurance

Helicopter Rescue Benefit

Consolidated Legal Concepts

AirMed

Benefits Protector

Dignity Memorial Funeral Services

\$50,000 Term Life Insurance

This benefit will be activated after enrollment, however there are additional exclusions during the first continuous 12 months.

This term life insurance can provide assistance to your family during a difficult time.

- Pays the beneficiary the benefit amount listed for the member's loss of life

ValULife+ memberships are available to individuals who are 18-63 years of age at the time of purchase. This benefit continues with certain reductions.

Life coverages under this plan terminates when you cease paying your USA+ membership dues, or upon termination of the group insurance policy.

Like most insurance policies, group insurance policies contain exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please refer to the Certificate of Insurance for complete details including terms and conditions, exclusions and limitations.

*Benefits are provided by Plateau Insurance Company. The Certificate of Insurance describes the benefits, terms of coverage, limitations and exclusions. Pays the beneficiary the benefit amount listed for the member's loss of life.

Scroll down





HOW TO USE YOUR BENEFITS:

Please call us at 1-800-872-1187.

Membership Dues

 <h3>Individual</h3> <p>1st Month Dues \$115.00 Monthly Dues \$115.00 Setup Fee \$0.00</p> <p>ENROLL NOW</p>	 <h3>Member/Spouse</h3> <p>1st Month Dues \$153.00 Monthly Dues \$153.00 Setup Fee \$0.00</p> <p>ENROLL NOW</p>
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 <h3>Member/Child</h3> <p>1st Month Dues \$125.00 Monthly Dues \$125.00 Setup Fee \$0.00</p> <p>ENROLL NOW</p>	 <h3>Family</h3> <p>1st Month Dues \$163.00 Monthly Dues \$163.00 Setup Fee \$0.00</p> <p>ENROLL NOW</p>
---	---

Welcome to United Service Association For Health Care



Enrollment Application

The USA+ products are available to the self-employed, small business owners and employees, individuals and families. Enroll today, select your plan and gain access to our nationwide network of dentists, optometrists, pharmacies, legal providers, 24-hour nurse line and more.

For optimum performance, the Web pages and Web-based applications require a current Web browser.

It is our intent that all of our Web pages and Web-based applications will work well with the current stable release of Microsoft Internet Explorer, Mozilla Firefox, Apple Safari, and Google Chrome. Web browsers that are fully compatible with these browsers and older versions of these browsers may also be suitable, but we do not design, maintain, or test for browsers that are not listed.

Please fill out as much information as possible and continue to product selection

[Personal Information](#)

Enrollment Agreement Type

For Administrative Use Only

e-Signature agreement link sent to customer via email

Only e-signature is available

Personal Information

First Name *	MI	Last Name *	Suffix
<input type="text" value="First Name"/>	<input type="text" value="Middle Initial"/>	<input type="text" value="Last Name"/>	<input type="text"/>
Gender *	Date of Birth *	Primary Phone *	Secondary Phone
<input type="text" value="Select"/>	<input type="text" value="Date of Birth"/>	<input type="text" value="Primary Phone"/>	<input type="text" value="Secondary Phone"/>

Scroll down



Gender * Select	Date of Birth * Date of Birth	Primary Phone * Primary Phone	Secondary Phone Secondary Phone
Email Address * Email Address	Verify Email Address * Verify Email Address	Preferred Language English	

📍 Resident Address

Street Address * Street Address	Apartment/Suite Apartment/Suite	City * City	State * Select
Zip/Postal Code * Zip/Postal Code			

✉ Mailing Address

Same as resident address

Street Address * Street Address	Apartment/Suite Apartment/Suite	City * City	State * Select
Zip/Postal Code * Zip/Postal Code			

*The mailing address will be used when shipping the membership welcome kit.

[→ Continue Enrollment](#)

If you are experiencing technical difficulties while enrolling on our website, please call [1\(800\)237-1910](tel:18002371910).

Welcome to United Service Association For Health Care



Enrollment Application

Personal Information | **Address Verification** | **Membership**

Select a Membership for Enrollment

USA+ ValULife+ Series	Test Product 1	Plan code test	HGA22Test
AHCP Health Solutions			



[Return](#) [Continue Enrollment](#)

If you are experiencing technical difficulties while enrolling on our website, please call [1\(800\)237-1910](tel:18002371910).



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Enrollment Application

[Personal Information](#) [Address Verification](#) [Membership](#)

Select a Membership for Enrollment

USA+ ValULife+ Series Test Product 1 Plan code test HGA22Test

AHCP Health Solutions

	Membership Name	Enrollment Fee	Monthly Dues	1st Month Dues	
Add to Cart	USA Plus ValULife Plus \$100K Member Child	0.00	154.00	154.00	Details
Add to Cart	USA Plus ValULife Plus \$100K Member Family	0.00	206.00	206.00	Details
Add to Cart	USA Plus ValULife Plus \$100K Member Only	0.00	134.00	134.00	Details
Add to Cart	USA Plus ValULife Plus \$100K Member Spouse	0.00	186.00	186.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Child	0.00	294.00	294.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Family	0.00	346.00	346.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Only	0.00	274.00	274.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Spouse	0.00	326.00	326.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Child	0.00	125.00	125.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Family	0.00	163.00	163.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Only	0.00	115.00	115.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Spouse	0.00	153.00	153.00	Details
Add to Cart	USA Plus ValULife Plus \$75K Member Child	0.00	159.00	159.00	Details
Add to Cart	USA Plus ValULife Plus \$75K Member Family	0.00	209.00	209.00	Details
Add to Cart	USA Plus ValULife Plus \$75K Member Only	0.00	145.00	145.00	Details
Add to Cart	USA Plus ValULife Plus \$75K Member Spouse	0.00	195.00	195.00	Details

Select one



[Return](#) [Continue Enrollment](#)



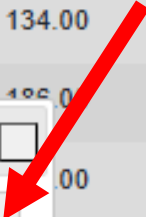
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877-228-8773

Choose an effective date

Add to Cart	USA Plus ValULife Plus \$100K Member Only	0.00	134.00	134.00	Details
Add to Cart	USA Plus ValULife Plus \$100K Member Spouse	0.00	186.00	186.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member	0.00	294.00	294.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Spouse	0.00	346.00	346.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Child	0.00	274.00	274.00	Details
Add to Cart	USA Plus ValULife Plus \$250K Member Spouse	0.00	326.00	326.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Child	0.00	125.00	125.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Family	0.00	163.00	163.00	Details
Add to Cart	USA Plus ValULife Plus \$50K Member Only	0.00	115.00	115.00	Details

Select Effective Date

Ok Cancel



Welcome to United Service Association For Health Care



Enrollment Application

- Personal Information
- Address Verification
- Membership**

Shopping Cart

USA+ ValULife+ \$50K Member Only x	
Effective Date	02/18/2025
Initial Month Dues	\$115.00
Recurring Monthly Dues	\$115.00
One-time Enrollment Fee	\$0.00
Today's Subtotal	\$115.00
Today's Grand Total	\$115.00
Total Monthly Dues Thereafter	\$115.00

[Return](#)

[Continue Enrollment](#)

Click

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Welcome to United Service Association For Health Care



Enrollment Application



[Personal Information](#) [Address Verification](#) [Membership](#) **[Beneficiary](#)**

Primary Beneficiary

First Name *	Last Name *	Date of Birth *	Relationship *
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Date of Birth"/>	<input type="text" value="Relationship"/>

Contingent Beneficiary

First Name *	Last Name *	Date of Birth *	Relationship *
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Date of Birth"/>	<input type="text" value="Relationship"/>

[Return](#) [Continue Enrollment](#)

If you are experiencing technical difficulties while enrolling on our website, please call [1\(800\)237-1910](tel:18002371910).



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Shopping Cart

USA+ ValULife+ \$50K Member Only

Effective Date	02/18/2025
Initial Month Dues	\$115.00
Recurring Monthly Dues	\$115.00
One-time Enrollment Fee	\$0.00
Today's Subtotal	\$115.00

Today's Grand Total **\$115.00**

Total Monthly Dues Thereafter **\$115.00**

Your Information

Name Testy Testerson

Address

Phone

Email stra1@allstate.com

Date of Birth 10/10/1990

Gender Male

Beneficiary Information

Primary Beneficiary

Spouse Testerson 11/11/1991 Spouse

Contingent Beneficiary

Baby Testerson 2/2/2020 Child

Membership Effective Date

I agree that I have explained to the member, and the member understands and acknowledges, that the first month's dues and applicable enrollment fees are collected on the effective date.

Click on the Submit button one time only.
It may take a few seconds for your confirmation page to appear.
The customer will receive an email link to an e-signature document to complete enrollment.

[→ Send E-Signature Link](#)

Click



Enrollment Application

The pre-enrollment is complete and a link to the e-signature agreement has been sent to the customer.

- Personal Information
- Address Verification
- Membership
- Beneficiary
- Payment
- Summary
- E-Signature
- Invoice**

Invoice

Date
Name Testy Testerson
Address

Membership

USA+ ValULife+ \$50K Member Only	
MembershipID	56000100
Membership Effective Date	02/18/2025
Initial Payment Date	02/18/2025
Next Payment Date	03/18/2025
Monthly Dues	\$115.00
First Month Dues	\$115.00
Enrollment Fee	\$0.00
Today's Total	\$115.00
Invoice Number	
Grand Total	\$115.00

Print



E-Signature Steps

All Unread

! | 📧 | 📄 | 📧 | From | Subject

✓ Today

United Service Association For Healthcare External **Complete your USA+ enrollment**
Welcome to United Service Association For Health Care Thank you for your Application! Dear Trattner, We received you

Welcome to United Service Association For Health Care

Thank you for your Application!

Dear Testy,

We received your request for membership in USA+ and coverage under the "USA+ ValULife+ \$50K Member Only" plan. You are one click away from enjoying the privileges of USA+ membership! To complete the enrollment process and sign your application electronically [Click Here](#). Your membership will be effective after you have signed and your initial payment has been processed.

Thank you and we look forward to serving you!



Enrollment Application

Verify your information and submit the enrollment

A summary of the enrollee's information entered is displayed below.

- [Personal Information](#)
- [Address Verification](#)
- [Membership](#)
- [Beneficiary](#)
- [Payment](#)
- [Summary](#)

Shopping Cart

USA+ ValULife+ \$50K Member Only	
Effective Date	02/18/2025
Initial Month Dues	\$115.00
Recurring Monthly Dues	\$115.00
One-time Enrollment Fee	\$0.00
Today's Subtotal	\$115.00
Today's Grand Total	\$115.00
Total Monthly Dues Thereafter	\$115.00

Your Information

Name	Testy Testerson
Address	[Redacted]
Phone	[Redacted]
Email	stra1@allstate.com
Date of Birth	10/10/1990
Gender	Male

Beneficiary Information

Primary Beneficiary			
Spouse	Testerson	11/11/1991	Spouse
Contingent Beneficiary			
Baby	Testerson	2/2/2020	Child

Click on the Submit button one time only.
It may take a few seconds for your confirmation page to appear.



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Welcome to United Service Association For Health Care



Enrollment Application

- Personal Information
- Address Verification
- Membership
- Beneficiary
- Payment
- Summary
- E-Signature**

USA+ ValULife+ \$50K Member Only

- Submissions via E-Signature:** By enrolling in the Association, I understand and acknowledge that I designate and appoint the Secretary of United Service Association For Health Care (USA+) in office at any particular time and from time to time as my proxy and my agent and attorney-in-fact, to receive all notices of meetings of the members, to attend and vote on the my behalf at any and all meetings of the members, to execute consents and to otherwise act for the me in the same manner and with the same effect as if I were present. I understand and acknowledge that I authorize my proxy and any substitution or revocation with the Association. I further agree that these proxies are voluntary designated appointments and that I have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. In such event, I may notify the Secretary of the Association of my desire in this respect.
- Submissions via E-Signature:** I understand and acknowledge that this membership is subject to the terms and conditions of the Membership Agreement. The Membership Agreement is only applicable for those services received in the United States, except for those exceptions specifically listed in the Membership Handbook. I agree that in order to ensure that I am able to utilize the benefits, it may be necessary for USA+ to send and/or receive personal information about me to the companies that provide products and services to me. I understand that I have 30 days to evaluate the membership and request a full refund. I agree to the purpose of the association, which includes in part promoting equitable public health care policy in the United States, increasing the number of medical providers available to provide medical services, providing education materials that encourage health and financial wellbeing, and assisting charitable, educational and social welfare organizations in the conduct of similar activities.
- Financial Authorization:**
As a convenience to me, I hereby request and authorize United Service Association For Health Care to charge my account, that I have specifically provided for this purchase, on a monthly basis, or other frequency as requested by me. I certify that I am an authorized user of this credit card or bank account. I agree not to dispute this recurring billing with my bank or card issuer so long as the transactions correspond to the terms indicated in this authorization form. I understand and acknowledge that the first months dues and applicable enrollment fees are collected on the effective date. This authority is to 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 charge and I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of membership benefits.

To submit your application and authorize the charges as stated above, please sign your name below:

[Click To Sign](#)



Enrollment Application



- Personal Information
- Address Verification
- Membership
- Beneficiary
- Payment
- Summary
- E-Signature**

USA+ ValULife+ \$50K Member Only

- Submissions via E-Signature:** By enrolling in the Association, I understand and acknowledge that I designate and appoint the Secretary of United Service Association For Health Care (USA+) in office at any particular time and from time to time as my proxy and my agent and attorney-in-fact, to receive all notices of meetings of the members, to attend and vote on the my behalf at any and all meetings of the members, to execute consents and to otherwise act for the me in the same manner and with the same effect as if I were present. I understand and acknowledge that I authorize my proxy and any substitution or revocation with the Association. I further agree that these proxies are voluntary designated appointments and that I have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. In such event, I may notify the Secretary of the Association of my desire in this respect.
- Submissions via E-Signature:** I understand and acknowledge that this membership is subject to the terms and conditions of the Membership Agreement. The Membership Agreement is only applicable for those services received in the United States, except for those exceptions specifically listed in the Membership Handbook. I agree that in order to ensure that I am able to utilize the benefits, it may be necessary for USA+ to send and/or receive personal information about me to the companies that provide products and services to me. I understand that I have 30 days to evaluate the membership and request a full refund. I agree to the purpose of the association, which includes in part promoting equitable public health care policy in the United States, increasing the number of medical providers available to provide medical services, providing education materials that encourage health and financial wellbeing, and assisting charitable, educational and social welfare organizations in the conduct of similar activities.
- Financial Authorization:**
As a convenience to me, I hereby request and authorize United Service Association For Health Care to charge my account, that I have specifically provided for this purchase, on a monthly basis, or other frequency as requested by me. I certify that I am an authorized user of this credit card or bank account. I agree not to dispute this recurring billing with my bank or card issuer so long as the transactions correspond to the terms indicated in this authorization form. I understand and acknowledge that the first months dues and applicable enrollment fees are collected on the effective date. This authority is to 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 charge and I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of membership benefits.

To submit your application and authorize the charges as stated above, please sign your name below:

Print your name X

Testy Testerson

Review your signature

Type It Draw It

Testy Testerson

Click to Sign



Shopping Cart

USA+ ValULife+ \$50K Member Only

Effective Date	02/18/2025
Initial Month Dues	\$115.00
Recurring Monthly Dues	\$115.00
One-time Enrollment Fee	\$0.00
Today's Subtotal	\$115.00

Today's Grand Total **\$115.00**

Total Monthly Dues Thereafter **\$115.00**

Billing Address

Same as Mailing address

First Name *

Testy

Last Name *

Testerson

Street Address *

Apartment/Suite

Apartment/Suite

City *

N MIAMI BEACH

State *

Florida

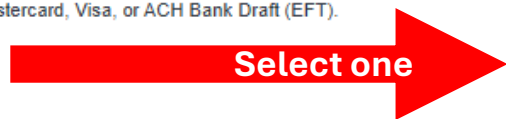
Zip/Postal Code *

33162-3115

Click on Make Payment to proceed to payment for USA+ ValULife+ \$50K Member Only, \$115.00

Payment Type

Please select the desired payment method from the two choices below. The total amount that will be debited from the account is also displayed. The following payment options are available: American Express, Discover, Mastercard, Visa, or ACH Bank Draft (EFT).



Credit Card Check



Click on the Make Payment button one time only.
It may take a few seconds for your confirmation page to appear.

→ Make Payment



Enrollment Application



- Personal Information
- Address Verification
- Membership
- Beneficiary
- Payment**

Shopping Cart

USA+ ValULife+ \$50K Member Only
Effective Date
Initial Month Dues
Recurring Monthly Dues
One-time Enrollment Fee
Today's Subtotal
Today's Grand Total
Total Monthly Dues Thereafter

	02/18/2025
	\$115.00
	\$115.00
	\$0.00
	\$115.00
	\$115.00
	\$115.00

Card Number *
⚠ 4802 1111 1234 1234

Exp. Date *
04/27

Card Code
999

POWERED BY **Authorize.Net**

Billing Address

Same as Mailing address

First Name *

Last Name *

Street Address *

Apartment/Suite

City *

State *



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Payment Type

Please select the desired payment method from the two choices below. The total amount that will be debited from the account is also displayed. The following payment options are available: American Express, Discover, Mastercard, Visa, or ACH Bank Draft (EFT).

Credit Card Check

Bank Name *

Wells Fargo

Name on Account *

Testy Testerson

Account Number *

9001544126545

ABA Routing Number *

111900659

Bank Account Type *

Personal Checking

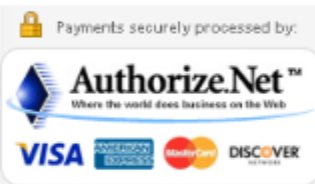
Re-enter Account Number *

9001544126545

Bank Name and Address

My Name	101
My Address	50-0916/9160 1
My City, State, & Zip	_____ 20 _____
Pay to the order of _____	\$ _____ Dollars
The Bank Name	
Bank Address	
⑆ 123456789 ⑆ 12 34567890 ⑆* 101	

9 Digit Bank Routing Number Your Account Number



Click on the Make Payment button one time only.
It may take a few seconds for your confirmation page to appear.

→ Make Payment

Welcome to United Service Association

Thank you for your purchase!

Dear Testy,

It is our pleasure to welcome you to the "USA+ ValULife+ \$50K Member Only" benefit plan offered to you by United Service Association (USA+). The effective date of your plan is shown below.

Your ID Cards, Benefit Guide and Certificate of Insurance will be provided electronically and will be available the first business day following your enrollment. Access is available 24 hours a day, 7 days a week. To access this information, login to the Members Only page of www.usahc.com/login.aspx to view, download, save or print your documents. Enter your Membership ID shown below and use the first letter of your first name and entire last name as the password.

Membership: "USA+ ValULife+ \$50K Member Only"

Effective Date: 02/18/2025.

Membership ID: 56000100

Password: TTesterson

30 Day Free Look

You have a free look period of 30 days or such longer period as may be required by state law to review and evaluate the membership. During this free look period, you can cancel your membership in USA+ and receive a full refund by contacting USA+ at 800.872.1187. You can cancel any time after the free look period by contacting USA+.



1-800-872-1187

ENROLL NOW

About USA+

Advocacy

Foundation

Members Only

Contact Us

Testimonials

MEMBERS ONLY

Member login

Member ID

Password

Primary member's first initial plus last name.
EX: Mary Smith would be entered as MSMITH

Login



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AGENT CENTER

E-Sign History

Product Materials

Products By State

Enroll

E-Sign Enrollments ?

E-Sign Enrollment History

Enable Hide

	Name	Link Sent (CST)	Status	
? E	Trattner Test	Feb 18 2025 1:41PM	Pending	H
? E	Albert Einstein	Feb 18 2025 11:48AM	Pending	H
? E	Testy Testerson	Feb 18 2025 11:07AM	Pending	H
? E	January Tester	Jan 9 2025 4:46PM	Link Expired	H

The e-signature enrollment link will expire after three days.



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Questions and Contracting?

Contact:



AHCP
America's Health Care Plan

AHCPsales.com

877-228-8773