

ADD DEPENDENT TO MEMBERSHIP FORM

Administered by Third-Party Administrators:
 H A Partners, Inc. or Healthy America Insurance Agency, Inc. (Depending on state)
 For the following Associations & Subscription Services



THIS ADD DEPENDENT FORM IS FOR ASSOCIATION MEMBERSHIP, BENEFIT PROGRAMS, AND SUPPLEMENTAL GROUP AND INDIVIDUAL INSURANCE AND NOT MAJOR MEDICAL COVERAGE AND DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

THIS SECTION IS FOR HOME OFFICE USE ONLY	
CURRENT DRAFT AMOUNT	
NEW DRAFT AMOUNT	
DEP EFFECTIVE DATE	

PRIMARY MEMBER NAME	
MEMBER ID	
ADDRESS	
DAYTIME PHONE NUMBER	
DATE OF BIRTH	
GENDER	
EMAIL ADDRESS	

DEPENDENT TYPE	ADDED FAMILY MEMBER NAME	DATE OF BIRTH	GENDER
SPOUSE			
CHILD 1			
CHILD 2			
CHILD 3			
CHILD 4			
CHILD 5			
CHILD 6			
CHILD 7			
CHILD 8			

I authorize H A Partners, Inc. or Healthy America Insurance Agency, Inc. to add my dependent to my UBA, HAA or Benefit Boost membership and all additional membership products in my account. I understand that the effective date for the dependent will be different than the primary member's effective date. All benefits with waiting periods for the added member will go into effect based on the new member's received effective date. The primary and all other dependents already active on the membership will retain their original effective date. I also understand that some of the group insurance coverage available on some of the membership products have age requirements for the dependents and will review my Certificate of Insurance for all dependent age requirements if this is applicable to my membership product(s). I understand that my dues might change by adding my dependent depending on the membership products I am enrolled and will be drafted accordingly using the current billing method on my current membership products. I will accept the new draft amount to make the new dependent's membership active.

 PRIMARY MEMBER SIGNATURE

 DATE SIGNED

NOTE: SECURE EMAIL UPLOAD IS AVAILABLE AT EITHER UBAMEMBERS.COM/BILLING.HTML OR HEALTHYAMERICAASSOCIATION.COM/BILLING.HTML